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AVERTIN: A NEW ANAESTHETIC

WESLEY BOURNE, M.D., C.M., M.Sc., F.R.C.P.(C), Anaesthetist, Western Division, The Montreal General Hospital; Lecturer in Pharmacology, McGill University.

New things in medicine are bound to be of interest to nurses, though so many of them come up continually that it is hard to keep up-to-date. A new thing is the use of avertin in anaesthesia. Its great advantage to the patient is that he goes to sleep in the same comfortable manner as one usually does when tired and sleepy. There are none of the evidences of excitement, which often occur in inhalation anaesthesia; on the contrary, there is peace and tranquillity, rather than commotion.

It is true that more time is spent for the induction of anaesthesia, in that the administration of avertin must be started half an hour before the time set for the operation. It is also true that the nurse has to be extraordinarily attentive in the post-operative period, on account of its frequent prolongation, and the patient's restlessness, which is, however, easily controlled with morphine. While recovery is delayed the patient does not suffer, is never nauseated, and wakes up in a very comfortable state. When possible, there should be a special nurse in attendance, but good nursing should not be grudged to the poorest when we consider the benefits of this wonderful drug.

The trade mark name of tribromethyl alcohol is avertin, the synonyms are ethobrome and tribromethanol. It is crystalline, odourless, has a very bitter taste and is soluble in water at 40 degrees centigrade up to 3.5 per cent. Solutions heated much above 40 degrees may decompose to form products which are poisonous. In solution in distilled water it is neutral to congo red, which changes colour when decomposition occurs. It is readily soluble in most organic solvents, such as alcohol, ether, chloroform and acetone. This fluid is kept in the dark and must be well stoppered.

It was not until 1927 that Eichholtz showed that avertin possesses anaesthetic properties. Soon after this, several simple but important pharmacological investigations were carried out concerning its dosage, its action on the circulation and respiration, its absorption and excretion and its toxicity. Then it began to be used in the operating room and very quickly two schools developed; those who decried it as being dangerous, and those who saw its advantages and recommended it most highly. The former group were careless, gave too much, administered it too quickly,

allowed it to be given by almost anybody, got numbers of fatalities —some reporting fifty deaths in a thousand—and then blamed a good thing instead of themselves for their ignorance or carelessness, or both. The latter group were careful, followed the advice of the pharmacologists, gave personal supervision, and are in a position to say that avertin is a very useful medicament.

Effect on the nervous system

The chief action of avertin is on the central nervous system, producing sleep, which, in all of its initial sensations is identical with that of natural slumber; the patient enjoys going under, the few mental aberrations are always of a pleasant nature, in other words the impressions are not perturbed and there is no struggling. While it is true that avertin depresses the vital centres of the medulla oblongata, this does not become a serious matter when the recognised doses are adhered to and when the substance is given slowly. The superficial nerve endings are not always depressed to the point of complete anaesthesia; the individual will therefore sometimes respond to irritation, which may be allayed by such drugs as procaine or percaine.

Effect on the respiratory system

The breathing becomes slower and less voluminous, yet not sufficiently to occasion alarm. There is no irritation of the respiratory tract, so that there is no interference with the sense of smell, no holding of the breath, no coughing, no salivation, and no mucus formation. Should the breathing become markedly depressed we have at our disposal several stimulants, which will be discussed later. In cases wherein avertin produces complete anaesthesia, the muscles of the jaw, tongue and throat will be relaxed. For this condition one must take steps to maintain patency of the upper air passages.

Effect on the circulatory system

It has been shown that the heart is not affected by therapeutic doses of avertin. There is a moderate fall in blood pressure due to vasomotor depression. Information has been obtained from experiments employing the heart-lung preparation of Starling, which show that avertin, in concentrations much higher than are found in ordinary avertin anaesthesia in man, produces no deleterious effects upon the heart.

Effect on the blood

Like all other anaesthetic agents, avertin produces an acidosis, which means that the carbon dioxide combining power of the plasma is lowered and the blood becomes less alkaline than it is normally. However, the figures all point to a mild acidosis which compares very favourably with that of ether. The acidosis is due to a disturbance in the metabolism of phosphoric and lactic acids. As in the case of ether, these acids leave the muscles, sojourn in the blood and liver, and during recovery are redistributed and partly excreted after the resumption of kidney function, when quantities of phosphates are found in the urine. There is a slight rise in blood sugar, but decidedly less than in the case of ether. Another effect on the blood is that which concerns its fluidity, and here we find an initial dilution followed by some concentration, whereas with ether there is concentration only and to a greater extent. This blood concentration may explain the subsequent thirst. As heat regulation and water exchange are closely related, it is proper at this juncture to mention that the temperature of

the body is lowered, which occurs in other forms of anaesthesia and is due to depression of activity.

Effect on the kidneys

A study of the rate of secretion and composition of the urine in dogs reveals that avertin causes an early anuria of short duration, followed by obliguria and recovery within four to six hours, after which the percentage of urea shows that kidney function soon returns to normal. In human beings there is no evidence of such kidney depression, due no doubt to the smaller doses employed. After the resumption of kidney function the phosphates of the urine are enormously increased, which fits in with the explanation of the acidosis mentioned above.

Effect upon the liver

The liver is such an important structure that any measure of the action of a drug on it may be taken as good evidence of what is going on concurrently in the rest of the body. A very sensitive and delicate test for liver function has been devised which depends upon the ability of the liver to remove a dye called bromsulphalein from the blood after it has been administered intravenously. A normal liver excretes this dye into the bile within half an hour after its injection, and any variation tells the degree of damage to hepatic function. For example, by this dye test it has been found that it takes six weeks for a liver to return to normal after chloroform anaesthesia in a normal dog, whereas with ether there is no dye retention after forty-eight hours. The harm done to the liver by avertin is negligible, normal dogs and human beings being interfered with in this respect less than happens with ether. Avertin has been given twenty-two times during ten weeks for repeated painful dressings without measurable change in hepatic function. Let it suffice to say that liver disease does not preclude the use of avertin, but points to care about dosage as in all other serious diseases.

Method of administration

One weighs the patient and usually gives 100 mg. per kg. of body weight, and reduces this quantity to 90 or 80 in case of debility from any cause, such as old age, nephritis, hepatitis, pneumonitis, anaemia, or any disease producing a general condition that is below normal. For the healthy young, and for normal adults, it is quite permissible to increase the dose to 125 mg. per kg., or more, with judicious consideration. The drug must be measured accurately, put into distilled water at a temperature of forty degrees Centigrade, tested with congo red, and instilled into the rectum slowly, taking about ten minutes. The room should be darkened and there should be no noise.

It is well to use with avertin some form of local anaesthesia to control the irritability of the nerve endings and to lessen the afferent impulses. Often it is necessary to give some general anaesthetic, when usually, nitrous oxide or ethylene will suffice. Occasionally it is imperative to add a little ether vapour to the gases. Whatever these additaments, their quantities will be minimal and their ill effects lessened.

Morphine ought not to be used before avertin as its benefits are replaced by avertin, and it is in itself a respiratory depressant. It may, however, be given freely during the post-operative period to control restlessness. It is recommended to inject atropine beforehand as it stimulates the breathing centre and dries up secretions.

Should breathing be unusually depressed one may administer carbon dioxide with oxygen for inhalation, or ephedrine intravenously, or coramine, or metrazol. All of these drugs are excellent stimulants. To illustrate, if one gives to a dog such a dose of avertin as will surely cause death so that respirations have ceased, the colour is extremely cyanotic and the heart very feeble, and then injects ephedrine intravenously, almost immediately breathing starts, very soon the animal winks, moves, and in about five minutes is walking. The impression is that of a miracle.

In order to alleviate the acidosis it is well to administer a phosphate.

The formula is as follows:

Potassium bi-carbonate	G. 100
Di-sodium phosphate	G. 358
Distilled Water	L. 2

This solution should be plainly marked as being a concentrated stock solution and as being poisonous. For use it is diluted by adding 32 c.c. (1 oz.) to 500 c.c. (1 pint) of distilled water for every fifty pounds of body weight. The reasons for the use of this solution are: it supplies an abundance of water which will allay the thirst and offset the blood concentration; it returns to the body the sodium and potassium phosphates lost through the kidney; it is alkaline and will alleviate the acidosis produced; it is hypotonic and will be very rapidly absorbed; further it has been shown that the potassium is most stimulating to any depressed living thing. A very important warning is that one must most carefully safeguard against the possibility of the concentrated solution being given as such.

Avertin is a very helpful addition to the drugs used in anaesthesia. In the Western Division of the Montreal General Hospital it has been administered to seven hundred and eighty cases without mishap and without the necessity of using respiratory stimulants.

THE ANNUAL MEETING IN NOVA SCOTIA

The annual meeting of the Registered Nurses Association of Nova Scotia took place on June 17 in Halifax and was immediately preceded by a five-day Institute sponsored by the Association and organized under the able and energetic direction of the president, Miss Anne Slattery. Since the Institute had given an excellent opportunity for the discussion of many aspects of nursing education and practice the meeting itself was confined to the discussion of business.

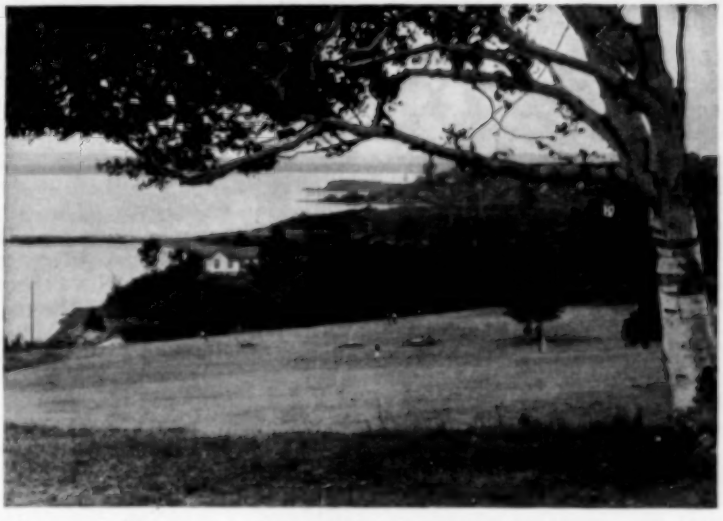
It is quite apparent that important developments in nursing education may be expected in Nova Scotia in the near future and further news of them will be awaited with keen interest.

DOWN BY THE SEA

The belief that certain places have a magic of their own is one of the oldest beliefs of men. It may be sinister, it may be beneficient, but magic it remains. Nor is this magic entirely dependent upon the associations and traditions which cluster about those places where men have lived for many centuries. There are islands in many a far Canadian lake upon which the Indians will not land or camp. Why? They smile and shake their heads. Because of a spirit which is there. What spirit? The spirit of the place, which is a good spirit but which must be respected, and not lightly intruded upon by ordinary men.

All this by way of explaining how we felt when we went, in all humility, to Nova Scotia for the first time. Long ago we had worked in a hall of learning which shall be nameless, in which the word Dalhousie caused either the hat or the eyebrow to be lifted, depending upon whether one were of the elect or not. To have come from *the Maritimes* conferred a certain distinction. It was so admitted, reluctantly, even by the native sons. It had to be, because it was clear that these persons were worthy of their own tradition.

Landscape has a great deal to do with the magic of certain places. Not far from Moncton we began to be sure that we were in Nova Scotia. The smell of the sea came in at the train windows, and long winding tidal rivers coiled away from the tracks, their banks a deep Venetian red, at low tide. In Halifax that evening there was a cool sea fog, and in the night, the harbour foghorns hooted their hoarse warning. Next morning, in the sunlight, there stood Dalhousie, that ancient seat of learning, quiet and dignified among its trees. One began to understand what it meant *to come from the Maritimes.*



NORTHUMBERLAND STRAIT, PICTOU, NOVA SCOTIA.
Courtesy of the Canadian National Railways.

As the days passed by we became sensitive to other values not realized at first. Nova Scotia is a proud province, yes—but its counties are yet prouder, and in their own right. You are not born in Nova Scotia, you are born in a county of Nova Scotia. A distinction, and a difference. Those who hail from Cape Breton are not as those who first saw the light in Pictou. Cumberland must not be confused with Lunenburg. But these things were too deep for us, we knew our place and did not try to be glib about them.

We felt more at home when families were under discussion. Such sentences as: "Her grandfather's second wife was my father's first cousin," seemed familiar to us, and we agreed that the social status of the lady in question was enhanced by this relationship. It was like that in North Wales when we were young, and we never thought much of that branch of the family which lived in South Wales. Possibly that is the way the Cape Breton family feels about the cousins in Lunenburg—but perhaps we had better stop—such delicate shadings are only for the initiate.

Our particular job in Nova Scotia involved some lively discussion. It was then that the spirit of the place was revealed at its best—not blown about by every wind of doctrine, holding to that which has been tried and proven by time, but generous toward a different and even an opposite point of view. One of these days there will arise in Nova Scotia a School of Nursing which will affect nursing thought and practice throughout Canada as profoundly and beneficially as have its other centres of learning. It is in the making now, and the spirit of the place will be in it.

Before we came away we drove long miles beside the sea. The evening shadows turned it from azure to amethyst. The lilacs were no deeper a purple. That colour is imprisoned in a gem which is native to Nova Scotia. When we wish to invoke the magic of the place all we need do is touch an amethyst, cool, deep, and constant, but with a hidden flame in its inmost heart.

CHESTER, NOVA SCOTIA
Courtesy of the Canadian National Railways.

ACUTE INTESTINAL INTOXICATION

ALAN BROWN, M.B., Physician-in-Chief, Hospital for Sick Children, Toronto.

The first to describe the disease in America was probably Dr. Benjamin Rush; he had noted its prevalence in the Atlantic coast towns and thought that it was peculiar to the American continent. This disease, which is of medical interest in tropical and temperate zones, occurs sporadically during the year, but in Canada and the northern part of the United States it exists in epidemic form during the months of August, September and October. It commences suddenly with diarrhoea and vomiting; frequently diarrhoea begins first, followed by vomiting. In a day or two drowsiness and toxaemia appear, and the disease terminates in death in the majority of the severe cases.

Clinical Picture

Acute intestinal intoxication, sometimes designated as cholera infantum or acute fermentative diarrhoea, is a distinct clinical entity. The condition is characterized by three cardinal signs and symptoms; namely, diarrhoea, vomiting, and drowsiness. The disease occurs chiefly in infants from two to twelve months of age, although occasionally it is seen during the second year of life and even later. It is encountered sporadically throughout the year, but in Canada and the northern part of the United States it occurs in epidemic form during the months of August, September and October.

The history usually obtained is that the illness starts with diarrhoea. In some instances the diarrhoea is followed in 24 to 48 hours by drowsiness. The vomiting occurs two to ten times a day. The stools, which are five to ten a day, are loose and watery and sometimes contain mucus, but not the pus and blood seen so frequently in dysentery. The degree of drowsiness varies even in the same infant. In the mild and moderately severe cases the infant may appear quite bright when aroused. Even the disturbance produced by undressing the infant may be sufficient to dispel any evidences of drowsiness. For this reason the patient should be carefully observed before being disturbed in any way. When roused the infant has a shrill, piercing cry, although in the severe cases the cry may be only a weak moan. The temperature rarely exceeds 102° or 103°; the colour of the skin is ashen gray, the eyes are sunken, the hands and feet are cold and clammy and either cyanosed or gray in colour. Dehydration is invariably present, as shown by loss of elasticity of the skin. The liver is usually enlarged. In many instances infections of the upper respiratory tract, including the ears and mastoids, are encountered.

The condition occurs not only in the under-nourished marantic infant with a history of previous gastro-intestinal disturbances, but likewise in infants of normal weight with no history of previous trouble. It is a disease chiefly of the free dispensary class, being rarely encountered in well-to-do families, although we have seen an occasional case in this latter group.

The course of the disease may be very rapid, some infants dying within 24 to 48 hours of the onset

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of drowsiness in spite of any treatment employed. In other cases the drowsiness disappears and the vomiting ceases within 24 hours of the institution of treatment and the infants make an uneventful and usually rapid recovery. The remaining patients continue to vomit slightly and are drowsy for many days before they make the turn one way or the other. The mortality in the severe cases is very high, being well over 50 per cent. This is irrespective of the previous nutrition of the infant. In fact, the large, rather fat infant frequently shows the least resistance to the disease.

Treatment

In the autumn of 1929 the following routine treatment of acute intestinal intoxication was instituted in the Hospital for Sick Children. A direct transfusion of 15 cc. of whole blood per pound of body weight is given as soon as possible. Subsequent transfusions, as indicated by clinical observation of the degree of toxicity, are given in 24 or more hours later. This measure helps in combating toxaemia, through supplying water, acid and bases in their normal proportions. The administration of large amounts of fluids is necessary, but on account of the vomiting and diarrhoea, routes other than the gastro-intestinal tract have to be used. Subcutaneous administration by gravity is the easiest, and less discomfort is produced in infants and children when the subcutaneous tissue of the abdomen is used instead of the axilla.

The fluids injected subcutaneously are 5 per cent glucose solution, normal saline solution, or a combination of 5 per cent glucose and normal saline. Approximately 10 cc. of the selected fluid per pound of body weight is administered one to three times a day, depending upon the rate of absorption. In severe cases where the dehydration cannot be remedied by the subcutaneous route, or if the degree of toxicity is marked, fluids should be given intravenously or intraperitoneally.

It would appear that a combination of glucose an salt solution is most suitable. The glucose solution supplies water to correct dehydration, and for the excretion of unwanted acids and toxic substances, and supplies antiketogenic material and calories. The saline solution supplies the bases and acids which have been lost through vomiting and diarrhoea. Here the best results are obtained when three-quarters of the parenteral fluid is administered in 5 per cent glucose solution, and one-quarter in the form of physiological saline solution. The parenteral administration of fluid is continued until the patient is able to take a normal amount by mouth and the clinical dehydration has disappeared.

During the acute stage of the illness, milk feedings are contraindicated because of the poor toleration; i.e., they accentuate the vomiting, diarrhoea and toxaemia. The solutions given by mouth are either a 15 per cent sugar solution, consisting of 7½ per cent glucose and 7½ dextri-maltose, or a solution consisting of 1 part of 1 per cent sodium citrate, orange juice 2 parts, and 10 per cent glucose 3 parts (C.O.G.). This last solution, in addition to supplying water, antiketogenic substance, and calories, also counteracts acidosis, due to the fact that in the process of digestion the organic acid is destroyed and bicarbonate is formed. The ice-cold fluid is given in teaspoonful doses, not more frequently than every five minutes, with a total of 1 to 2 ounces per hour. If the vomiting is marked, the stomach is lavaged with a solution of sodium bicarbonate, 1 teaspoon-

ful to the pint, a rest period of one to two hours is allowed, and fluid is again started.

When the infant has been free from toxicity for about forty-eight hours, and vomiting has ceased, or is only occasional, milk feedings are started. These may consist of a mixture of evaporated milk of half the concentration that would be ordinarily used for the patient, according to age. An ounce of rice flour may be added. A dilute protein milk, one-third to two-thirds strength, is useful if the diarrhoea has been very severe. The C.O.G. is replaced very gradually by the milk mixture. If vomiting and toxaemia recur the milk feedings are discontinued, and only C.O.G. is given for a further period.

Summary

1. Acute intestinal intoxication, a disease of the autumn months, is characterized by diarrhoea, vomiting and drowsiness.

2. The blood serum in acute intestinal intoxication shows a decrease in bicarbonate; that is, an acidosis. This is due to loss of base through diarrhoea and vomiting, and piling up of acids through failure of excretion. Loss of chloride through vomiting, and a reduced amount of serum through loss of water, modify the acid base concentrations.

3. The routine treatment of acute intestinal intoxication, as carried out in the Hospital for Sick Children, Toronto, is the following: transfusion of whole blood; the administration of fluids parenterally, one-quarter of the amount being administered in the form of normal or physiological saline solution, three-quarters as 5 per cent glucose solution; sodium citrate, orange juice and glucose solution, or 15 per cent sugar solution by mouth until the toxicity has disappeared; then diluted evaporated milk or protein milk formulae.

A Fine Record

The citizens of Winnipeg have for many years had reason to be proud of and grateful to the Margaret Scott Nursing Mission. The courageous and devoted woman from whom the Mission takes its name gathered about her workers who were of her own calibre. Chief among these, for twenty-nine years, was Miss Eliza Beveridge, a graduate of the School of Nursing of the Winnipeg General Hospital. She is held in respect and affection both by those whom she served and by those with whom she was associated in that service.

The influence of Miss Beveridge was particularly potent in those student nurses who were fortunate enough to be assigned to the Nursing Mission for a period of affiliation. Her keen sense of duty, her untiring devotion to her patients and her quiet fund of humour endeared her to her pupils and gave them a sense of social values which hospital work does not always inculcate.

Miss Beveridge is a charter member of the Manitoba Association of Graduate Nurses, and the board of directors marked the occasion of her retirement by presenting her with a lamp as a token of their appreciation. She was also the guest of honour at a reception given by Miss A. W. Moody, formerly Superintendent of Nurses at the Winnipeg General Hospital and honorary president of the Alumnae Association. Miss Beveridge will in future reside in Vancouver and the good wishes of her own school and of many other Western nurses will follow her to her new home.

STILL-LIFE

ELIZABETH WATSON, Student in the School of Nursing of the Toronto General Hospital

"Sweet peas, ma'am, seventy-five cents a bunch. Real fresh and pretty. Just came in this morning, ma'am".

"Yes, they are pretty, but how about your violets? They're lovely at this time of year".

"The same price, ma'am".

"Well, I'll take some of both, and will you make them into a bouquet with some other spring flowers?"

That was all that the saucy young snapdragon could catch of the conversation, for the customer, having made her way toward the door, paid for her purchase and was gone.

A silence closed in for a few moments, then the door was flung open and a young boy burst into the room.

"Make up a bouquet of spring flowers, Jim. Stick in some sweet peas and violets anyway, and use your own judgment about the rest. Address it to Ward K, and send it directly to the City Hospital. It's to be there this afternoon at about two o'clock. That's all. So long".

Jim took off his coat and hat, straightened his tie and set to work. The silence grew more tense. Who would be chosen? The sweet peas and I felt quite content; there was no need for us to worry. We would be in on this party anyway, and while I was thus contemplating, the boy placed us in a bright green box lined with crisp white paper that snapped when he touched it, then looked about the shelves for the additional members. The carnations held their breath and turned their pretty pink faces toward the sunlight to catch the rays which at that moment were pouring in through the open window. But Jim's hand reached up past them to some iris, tall and slender, looking like stately young queens in their deep blue vases. Some of these he carefully separated from their companions and placed in the box, then quickly, yet with an accurate eye, snapdragons, stocks, roses, daffodils and tulips, mingled with mignonette and forget-me-nots, were added to the soft fragrant cluster.

It was not long before we were ready, and the tulips, looking quite perky and feeling perfectly satisfied with their new surroundings, raised their fine heads to have a farewell glance at their less fortunate comrades who were to be deprived of the adventure; then the lid was put on, something was tied firmly around us, and with a flurry we were whisked into the car and driven away.

All seemed very strange and mysterious once the light had been obstructed from our view. The roar of the engine as the car started, the jolting and then the long drive were very nerve-racking, indeed. It seemed to us an endless time that we remained huddled together in our dark enclosure, and then relief came at last. The lid was being raised, the white paper separated — (What a rustle it made!)—and then the blessed light and sunshine. People were talking and saying such nice things.

"Oh, what a glorious bouquet," said a tall girl in a crisp white uniform.

It was difficult to accustom our eyes to the light, but after a few blinkings and shakings of the head, everything was quite clear. The

room, for it was a room after all, was quite different from the one we had just left. The windows were wide open and lines of blue and white basins and cups filled the shelves. A bright sterilizer, flinging clouds of misty white steam into the air, gasped and groaned in the corner.

"What a horrible place," whispered a bunch of timid forget-me-nots and slid behind a bold snapdragon who seemed to be perfectly at home in his new surroundings and was peering audaciously about him. But we were not to remain here for long. Presently a nurse appeared and, after sniffing at the roses for what seemed to me to be a ridiculous length of time, carried us out into the ward.

Row after row of beds. Where did they end? The sunlight beat in through the open windows and revealed to our eyes the cool quietness of a hospital ward. It seemed as though we were carried over endless ground and then the nurse stopped and, holding us up so that all the patients might see, said, "Aren't these flowers gorgeous? I'll put them here in the middle of the ward so that everyone can see them".

Really, it was quite flattering to be told how lovely we were, and not to feel a trifle overjoyed at the praises bestowed upon us would have been, I believe, inhuman. Thus, it gave us a little extra confidence, and the sweet peas and I, feeling rather inferior to our taller companions, lifted our heads as high as we could and looked out upon our new world for the first time.

The rows of white beds seemed endless, but every bed contained a different personality; different not only from the standpoint of nationality, but different in their own individual way. Sorrow, pain and anxiety had marred and lined many a face, stealing from it that childlike simplicity and adventuresome expectancy that is present in youth.

I do not mean to say that sorrow only was written upon their countenances but rather the very opposite. For, in these faces, softened with age and pain, there was a kindly light of tolerance which people in general envy and respect. One realized that these individuals had suffered much, and though they had not been able to regain health they had gained something else . . . infinite . . . intangible.

The sun was by this time slowly dipping towards the west. Outside the soft shadows of the evening could be seen falling like a veil over the city. People were hurrying to and fro. Cars, honking, started and stopped in the traffic, then bounded ahead again like an eager dog freed from its leash.

All footsteps were turned homeward. Offices, schools, stores, all were closing for another night. A day's work had been completed and the people who had accomplished the work were going home. They had some definite work to do; they had interests in life; they had something to live for. Gazing at the faces before me, I could read the wistful expression in the eyes of some of the patients. Some were too ill to long for an active life and were content, for the present at least, to let it slip by, happy in the knowledge that a healthier day was about to dawn. Others in near-by beds realized that their lives of hard work and active responsibility were over. If God permitted it, and health was once more restored to them, they must be content to sit quietly by the fireside and to busy themselves with the less demanding duties that each day might bring to them.

About the middle of the long row of beds, on the left-hand side, lay a pretty young girl about nineteen

years of age. She was not reading or occupying her hands in any way, but lay gazing ahead, thinking. It was not difficult to guess where her mind was travelling. Her thoughts were revealed by the expression on her face. She was talking now to the patient in the bed next to her, and by leaning forward I was able to catch certain phrases. She was discussing her condition and used such terms as "rheumatic fever" and "a permanent heart condition". What rheumatic fever and heart conditions had in common I did not know, but I gathered from the conversation that she would be confined to bed for some time and would never be able to indulge in any strenuous activities again.

It was pathetic to see her lying there with such a look of longing in her eyes. All her life lay before her, stretching like a pale, glistening ribbon far into the future. It had many ups and downs, even mirages, but there it was before her. It seemed desperately unfair that she should be denied the many pleasures of youth and yet her expression was gradually changing. She kept looking in our direction, gazing at us, and slowly we were bringing a ray of light and hope into her despairing life. It was not long before the weary eyelids closed in light slumber, and she slept contentedly like a child with a look of serene beauty upon her face.

What were her dreams? We were not certain, but we believe that in them she found much that was lovely and perhaps had visions of flowers nodding pleasantly in the breeze. Her life was not deprived of beauty after all.

Although I did not close my curious eyes through the night the time seemed to pass very rapidly. Periodically, like a sentinel on duty, the night nurse stole softly up and down the ward, flashlight in hand; perhaps to carry a cup of hot milk to some restless patient, to pull a blanket more snugly around another's shoulders, or to lower a window.

At the far end of the ward a soft light shed faint flickering shadows down the long corridor. Under its shade lay a form wasted and worn. Disease had gained its hold and had proven itself too strong. Slowly, very slowly, life was drifting away. Faithfully and patiently the night nurse paused on her rounds to perform little services which would give a sense of comfort and peace. As the first morning light crept into the sky and the dark shadows of the night slowly departed, the triumphant soul ascended into the eternal morning, leaving behind it all memories of suffering and of pain.

Soon the early sun was shining through the partly opened windows lighting each bed with the first morning ray. Everyone was busy; everyone's mind was occupied. Nurses hurried to and fro carrying tubs and basins. Faces were washed, beds made, tables tidied. Everything was being put in order for another day, and on this particular day a clinic was to take place. What a clinic was I did not know, nor had I ever heard of one before. Nevertheless, a clinic was coming and it was going to be at the bedside of the woman directly in front of us. I heard her discussing it several times with the patient in the bed next to hers, so I was quite convinced that it should arrive before long.

There was excitement in the air. What should we watch for? What did a clinic look like? The sweet peas thought it would be some kind of circus with clowns and a Punch and Judy show to amuse the patients, while the daffodils thought it might be something good to eat. However, none of us knew definitely what to expect and, when

finally a group of student nurses appeared, accompanied by a doctor and a supervisor, we were disgruntled. This was the clinic! The snapdragon behaved very rudely and announced right then and there that he would go to sleep. This decision he most promptly carried out by pushing me violently forward until my head leaned far out over the edge of the vase. However, I was not uncomfortable and I found that I could hear and see everything that was going on quite well.

The doctor began by introducing his subject with the impossible phrase "pernicious anaemia". I did not know what pernicious anaemia was so I found that I was compelled to listen very attentively. He spoke about the colour of the patient's skin and remarked on her anaemic pallor. He emphasized that her condition might become quite serious if treatment were not adhered to, also that if the required amount of liver were eaten every day the progress of the disease might be checked. Would she accept the challenge to health? It was then that I noticed the expression on her face and was convinced that she would do all in her power to assist the doctors in their efforts to get her well.

I was weary by this time and felt my head drooping slightly when we were carried away again into the noisy room, where the sterilizer roared in the corner. I was too sleepy to notice particularly the procedures which were carried out. All I remember was the cutting of stems and the refreshing thrill and taste of fresh, cold water, — and then I fell asleep.

PROVINCIAL COMMITTEES CARRY ON

After much discussion and careful consideration of the responsibilities entailed therein the personnel of the Provincial Joint Study Committee for the Province of Quebec has been appointed, and is as follows: Chairman: Miss C. V. Barrett, R.N., President, A.R.N.-P.Q.; Secretary, Mrs. David Munroe, R.N.; *Representing Provincial Medical Associations*: Dr. A. T. Bazin, Dr. E. P. Benoit; *Representing the Montreal Hospital Council*: Madame J. Lacoste Beaubien, Dr. John MacKenzie; *Representing the Quebec Branch of the Catholic Hospital Association*: Rev. Pere Durocher; *Representing the Sections, A.R.N.P.Q.: Nursing Education*: Miss Martha Batson, R.N., Rev. Mere M. V. Allaire, R.N., Miss M. K. Holt; *Private Duty*: Melle. Alice Lepine, R.N., Madame Caroline Vachon, R.N., Miss Sara Matheson, R.N.; *Public Health*: Miss Marion E. Nash, R.N., Melle. Annonciade Martineau, Melle. Marie Pelletier, R.N.

In Manitoba there is as yet no direct move along legislative lines, but the preliminary process of education is well under way, as will be seen in the following report of the Secretary of the Provincial Joint Study Committee.

Two meetings of the Manitoba Joint Study Committee have been held during the year. At the first of these, Dr. Moorhead was elected to the Chair and the functions of the Committee were discussed and plans outlined for future activities.

Miss Jean Browne, Secretary of the National Joint Study Committee, attended the second meeting and gave some suggestions regarding the objectives of the Committees in various provinces and stressed the necessity for them to work in unison and to keep in contact with the Central Committee in Toronto.

As a result of the Committee's deliberations all the training schools (15 in number) were requested to co-operate by giving publicity to the contents of the Survey at their Graduation Exercises, either by asking the principal speaker to deal with the subject or by permitting someone nominated by this Committee to give a brief outline of the report. Only two hospitals dissented and two did not reply. In several instances the Committee was requested to arrange for a speaker, and did so. The Manitoba Association of Registered Nurses offered to defray expenses, but was only once called upon to do so.

Dr. Moorhead gave an enlightening presentation of the contents of the report before a large audience at a session of the National Conference on Social Work in Canada, which was held in Winnipeg last June. Miss K. Haig, of the editorial department of the *Winnipeg Free Press*, also gave a comprehensive review of the Survey at one of the monthly meetings of the Central Council of Social Agencies. Considerable interest was shown in the subject and many questions were asked at the conclusion of this meeting.

As a result of deliberations with officers and directors of your Association, the personnel of the Committee has been increased and now consists of representatives of:

Manitoba Medical Association; Manitoba Association of Registered Nurses (including direct representation of the three standing Committees—Educational, Private Duty and Public Health); Hospital Boards of Trustees; Laity (representing incidentally the Press and the Provincial Department of Public Health and Welfare); Department of Agriculture (Women's Division); United Farmers Association; Manitoba Hospital Association; Manitoba Educational Association; Manitoba School Trustees Association.

It is interesting to note that the one hundred copies of the Survey secured by the Manitoba Association of Registered Nurses have been sold and more are now on order. As the publication is limited, those who still desire to procure a copy are advised to place their requests with the Registrar as soon as possible.

The National Committee has issued a summary of what they consider should be the objectives of the Provincial Joint Study Committees. The Chairman of the Provincial Committee, however, feels very definitely that the future of our profession depends largely upon the effort of individual members of our organizations, rather than upon those of a special committee and that this committee should act in an advisory capacity and assist in creating judicious publicity.

At the Annual Meeting, the Secretary of the Joint Study Committee gave a brief summary of the proposed policy of the Committee and urged upon members of the Association the necessity for individual interest on the part of nurses, if the profession is to arrive at any satisfactory solution of the various problems under discussion. She presented an outline of questions† prepared by the Chairman of the Committee which it is felt, will have direct bearing on conditions as they exist today. These questions are to be forwarded to the various sections with the request that they be discussed and a possible solution presented at the next meeting of the Association.

The Committee in Manitoba clearly recognizes the vital importance of inducing the nurses themselves, as individuals, to participate in the common task of bringing about reform. The President of the Canadian Nurses Association stressed this very point in these words‡ "Of what avail is the avowed support of groups if that of the individuals which compose such groups is withheld?" It is amply evident that in Manitoba, at least, everyone is expected to share responsibility and to lend a hand.

† See Manitoba Shows the Way, "The Canadian Nurse," March, 1933, p. 128.

‡ Emory, F. H. M., "The Canadian Nurse" in a New Uniform, "The Canadian Nurse," March, 1933, p. 115.

MEDICAL ASPECTS OF RELIEF

MARGARET L. MOAG, Reg. N.,
District Superintendent, Victorian Order of Nurses, Montreal.

A Round Table Conference on Problems in the Social Administration of General and Unemployment Relief was held during the week of May 1, in Ottawa. This conference was conducted under the auspices of the Canadian Council on Child and Family Welfare and all sessions were held at the Château Laurier. Administrative relief officials, social workers, public health nurses and medical men were in attendance from all parts of the Dominion, and one felt that there had never been a more earnest group of men and women gathered together to discuss a serious situation.

Prior to the meeting, five major committees had been convened and the chairmen of these respective committees had prepared and distributed outlines in preparation for discussion later. The homeless man, the single destitute woman, family relief, lack of medical care, the relative responsibility of private and public philanthropy, creation of remunerative employment, occupational and recreational projects were among the problems under discussion, and committees worked early and late in preparing recommendations which were submitted to the plenary session for discussion and adoption clause by clause.

It was evident that great lack of uniformity in the distribution of relief existed throughout Canada, and the conference recommended that an advisory committee be appointed by the Dominion Government with powers to formulate minimum standards of relief and relief services, and to advise on problems connected with the depression.

The committee on the care of the single destitute woman held an all-day session, and among the recommendations adopted were those which suggested the establishment of work rooms; domestic and other training schemes; the necessity of recreational facilities for the older as well as the younger woman; the importance of helping to preserve mental, physical and spiritual health; and ways and means of discouraging the present movement of young girls from the rural areas to cities in search of employment. Interest in unemployed nurses was manifested but it was recognized that employed nurses are alive to the situation, and are assisting the less fortunate members of the profession.

The deliberations of the committee on Health and Medical Care, under the chairmanship of Dr. G. S. MacCarthy of Ottawa, were of special interest to nurses. The accompanying findings reflect the attitude of this committee toward the medical care of the unemployed:

In harmony with the understanding of this conference, your Committee on Health and Medical Care does not desire to bring forward any resolutions but the report which follows is a summary of the opinion expressed and agreed upon in the committee.

In the opinion of your committee, a paramount duty of the State in all its branches is the maintenance of the health of the people.

In our opinion in respect to relief given to unemployed persons of Canada with their dependents in their own homes, medical care should be included.

Medical care shall mean and include the services of a medical practitioner, dentist, nurses and other related care.

The necessary medical supplies and drugs shall be considered a part of this care.

Drugs and medical supplies under the meaning of these terms shall be given upon medical authority.

The above services should be available through the existing channels as far as possible, and the personal relation of doctor and patient should not be disturbed.

Your committee views with approval the present facilities in Canada with respect to Public Health Services and would most respectfully urge that these services be maintained.

Public health nurses whose chief concern is the safeguarding of the health of our Canadian citizens, will welcome the hope of medical care for the unemployed, for they have drawn heavily upon the gratuitous services of private physicians during the past two years, in an endeavour to secure necessary medical attention for these families.

Though there appeared to be a prevailing idea that we shall not emerge from the present depression and unemployment situation for yet another year, there was also an optimistic feeling that we have overcome previous depressions and will do so again.

The work of this conference will undoubtedly do much to clarify thought and method in the administration of relief, and should result in more satisfactory conditions for our unfortunate Canadian people who are out of employment and on relief from Government funds. It would be impossible to do more than partially summarize the work of one or two sessions in an article such as this, but the report of the proceedings is available for a small fee from the Canadian Council on Child and Family Welfare and is well worth the consideration of every Canadian nurse.

Social workers, facing the task of keeping up the morale of individual and family life, have worked in close co-operation with public health nurses during these difficult years, and, as a result, each professional group has a clearer and a more sympathetic understanding of the functions of the other in their respective communities.

FIRST AID FOR THE UNEMPLOYED

The "JOURNAL" is indebted to Colonel Tomlinson, Honorary Secretary of the Alberta Division of the Canadian Red Cross Society, for the privilege of publishing this account of a practical application of war-time measures to a peace-time emergency. Miss Florence Reid, R.N., field organizer and nursing supervisor for the Canadian Red Cross Society, established the service described below.—EDITOR.

Early last fall it became apparent at the Red Cross Divisional Headquarters in Calgary, that there was a growing need for first aid among the unemployed. The policy of the Red Cross is so well-known that people knew where to turn when in dire need. Daily the number of applications for medical care increased and often some doctor, or group of doctors, were called upon to render services gratis and, too frequently, to give from their own stock of medical and surgical supplies. Little co-operation was available in the matter of follow-up nursing and surgical dressing care, owing to the fact that there is no outdoor clinic in this city. Organized first aid was also lacking.

On November 1, 1932, a first aid and dressing station was opened by the Alberta Division of the

Canadian Red Cross Society, the Calgary Branch assisting substantially and the St. John's Ambulance Brigade, Overseas, co-operating in the dressing-room. A registered nurse was placed in charge. The intention was to demonstrate the need, the extent of which could be ascertained only by demonstration. During the first twenty days, eighty-six people applied for assistance of various kinds. Twenty home visits were made by the St. John's Ambulance Brigade to patients in need of observation and care and three visits by the Sister in charge.

The question of supplying proper nourishment to the sick who were unable to attend the community kitchen to obtain food, presented a serious problem. On November 19, through co-operation with the community kitchen and the Provincial Government, systematic distribution of food to the sick was undertaken. This was a difficult task and in its accomplishment the St. John Ambulance men rendered admirable service. A picture of the work at the station is given by the nurse in charge:—

On one of the busiest days in December, some sixty people came in. A number of these were gastric cases, who are able to be around, but can eat only light food. Most of these people are elderly, and all are incapacitated in some way and unable to walk far, or to go out in cold weather. Several are crippled and cannot obtain food unless it is taken to them.

There are several old men who are subject to asthma, and one has "rheumatism," as he calls it, so badly that he can only move around his room. Another has heart trouble, and between them, the "full diets" seem to have most of the ills that flesh is heir to, the worst being a total lack of home comforts or of relatives to look after them in their old age.

Many patients come in with old wounds to be dressed and requiring dressings to use at home, also burns, frost bites, boils and infected fingers or toes receive attention from day to day. There was a boy who came late in the afternoon, who had both hands covered with blisters and ulcers. He had been going about in the bitter weather with an old rag tied around his hands for days. This boy went to the hospital the next day.

There is, however, a cheery side to the picture, such as "The Oldest Inhabitant" who comes in on a cold day to sit for an hour by the radiator and drink the good soup, which a kind friend gives the station for just such people. This old chap is nearly eighty and as independent as those of his generation generally are. No having his food taken to him! As long as he "can get around, Miss"—he will. He is lame and has asthma and a chronic sore throat, but all we can do for him is to welcome him when he comes, give him a hot drink, and a gargle and hope that someone will let us know when he is no longer able to "get around." He is not alone in his independence—there are three or four who come in every few days, and for whom we can do some little thing, and to whom we give a lot of politely-received advice, which no doubt is heeded just as much as any we might offer to our own grandfathers.

The system of work has undergone repeated change as need after need presented itself. The meals for the sick and disabled are now being delivered daily under Red Cross management. The station is intended to help those who are out of work and on city relief, but assistance is also rendered to transients or to persons arriving from the country who require first aid care and are without means of obtaining it. Any minor disability is treated for which the resources of the station provide sufficient means.

A very fine spirit of co-operation has been demonstrated in this work. Seventy-five doctors have given of their time and kindly assistance. St. John's Ambulance men make many trips daily to and from the sick-rooms. Private duty nurses have ably assisted the charge Sister and, when bedside nursing has been required, the Victorian Order of Nurses has co-operated.

NURSING IN CHINA

MARGARET GAY, R.N., Weihwei Hospital, Honan, China.

The content of this article consists of excerpts from a letter written by Miss Gay to friends in Toronto. Miss Gay is a graduate of the Vancouver General Hospital and was a member of the Toronto Central Registry for three years.

Here at Wei Hwei we have only half the main hospital in use. Downstairs we have a ward of twenty beds, with verandah space for eight or more which helps out in the busy summer season. Upstairs we have much the same accommodation for women, with a room for maternity cases and a small nursery. Had we sufficient staff we would have the whole hospital open, but at present, with the hostel work, this is as much as we can do. The larger part of the work is in the Out-Patient Department. People come and stay in the hostel, providing their own food and bedding, and friends may also stay to care for them. These patients come to the afternoon clinics, and their dressings are done by a graduate Chinese nurse and several very good helpers. We could easily accommodate a hundred hostel patients. Of course, only those who are not very ill can be cared for there.

Those who need real nursing are brought into the main building, no matter whether they can pay or not. The charge per day for ward patients for nursing and food—and the ward is just like any at home—is thirty-five cents Mexican silver, which at the present rate of exchange, is about ten cents Canadian currency. That seems so very little, but a man in comfortable circumstances may not earn that much in a day for the support of himself and his family, so it means a lot to most of the village people. Apart from this, we charge for medicine and for operations if the patient is able to pay. A mastoid costs a poor person about $1.50 Canadian currency, and an appendectomy may be twice that. Sometimes I tell the Chinese nurses what these things would cost in our country, but they just can't grasp the facts.

Any of the friends who wait anxiously in the hall outside the operating room, and try to peek in through a crack to see what is going on, are impressed with all the whiteness of everything, and the number of people decked in gowns and masks and looking so queer. They little guess what skill and experience lie behind what the doctors are doing, and what a very small portion of the actual cost they are paying, but they are wonderfully appreciative, and amazingly patient and easy to care for.

Yesterday we had two big operations — abdominal cases — huge tumors removed from rather elderly women. They didn't say a word or show the least sign of fear or anxiety as we got them ready and put them on the carriage and brought them into the operating room—a place that would make most folks sick with fright at the first glance at the instruments and other queer objects. They say nothing as they bend over for their spinal anaesthetic—we hardly use anything else—and they usually make no sound or fuss, just a tight clutch of the hand that is keeping tab on the pulse. That part falls to me sometimes, the watching of the patient throughout the operation. This morning we had a

young man with a bad appendix, a Sunday morning emergency. He went through it like a brick. Poor chap, he had been jiggled and jolted over many miles of road as four men carried him in from his home. He must have found the bed he was put into mighty comfortable and restful.

The trouble is they never want to go away, and we have to use all manner of persuasion sometimes to get our beds emptied for new patients clamoring to come in. We have just now the usual variety of cases. Nothing monotonous about hospital life in China. One is a very bad case of asthma with various complications, the next is a stone in the bladder case, the next nephritis and pleurisy, then a man who was carried off by bandits and, in escaping, lost his shoes and socks and wandered around in the coolest weather for eighteen days in his bare feet, which were badly frozen by the time he was brought to us. The next man is a gun shot case. We have lots of them in this land of bandits.

We have all varieties of T.B. conditions, and a lot of intestinal cases and gastric ulcers. Everything comes our way sooner or later—pneumonia, typhoid, accidents of all sorts. Trifling things like smallpox and diphtheria they don't bother bringing. China has come along a bit in the matter of vaccinating against smallpox, but smallpox in China is of many varieties, and even vaccination doesn't always protect. Last week, while putting on a plaster cast on an old lady's leg, I happened to ask the doctor about a baby who had been brought to the clinic with a very bad type of smallpox. The doctor told me the child had died, and the old lady quite calmly said, "We lost four of my grandchildren this week with the same thing. Yes, they had been vaccinated, but they went in spite of it." Poor things, how helpless they are. All these diseases just sweep through the villages and cities every few months, and it is no wonder the adult patients we get can pull through so much, for the very fact of having lived to grow up is a sign of a pretty strong constitution—the survival of the fittest.

We have a School for Nurses, and there are fourteen pupils just now. I have the pleasant work of seeing that the young hopefuls do as they are told when they put theory into practice on the wards. I also have a few hours of classes every week. It is very interesting, and pleasant, in spite of the fact that one often feels more inclined to do the work oneself than check others up in the doing of it. Our students really work splendidly, considering that nursing is still quite a new thing in this old land. Class work occupies quite a good part of each day. The course is very similar to what we have at home, and we are under the Nurses Association of China.

Today for the first time our snow and ice began to show signs of melting. Though the thermometer never goes very low we feel the cold keenly, and wear as warm clothes as we did in Toronto. We have very little stormy weather, and not much snow or ice, but a settled cold that goes through you and keeps you shivering. Our furnaces heat parts of the houses, for which we're thankful. Three months from now we shall doubtless be longing for a whiff of this cool air, but just now you can't make us believe it. We long for spring, and for the sun to waken us up in the morning instead of the turning out of bed in the darkness and chill of January.

It is time for the first planting of seeds in boxes indoors. Once spring does commence everything comes along so fast that we have gardens before we know it. The summers,

though very long and very hot, are lovely in many ways. Our compounds have such quantities of flowers and fruit, and the whole countryside looks so pretty. The river that runs past the foot of our garden winds in and out for many miles through the country, joining a larger river that leads out to the coast. We sometimes get goods in by boat from Tientsin, transshipped to smaller boats some distance east and brought to our gate. Train service is near at hand, too. The train that runs between Hankow and Peking runs past within sight, about an English mile away, and on the other side of us is another short line going east and west and connecting some of our stations that happen to be in line with a big mining centre, for which the railway exists.

Miss Leslie and I are living together in the house nearest the hospital. Our compound is a big place and covers as much space as several blocks at home. You would enjoy coming down to Honan on our nice express, as comfortable as anything you could wish, the dining-car spotlessly clean and every table adorned with a lovely plant that we like to look at through the big shining windows. China is changing, but as a nation she has a tremendous way to go before she can overcome certain handicaps. The people individually one cannot but admire more the longer one lives here, from the official who came to the hospital today, a polished gentleman speaking the nicest English, down to our new little house boy, a lad who is taking the place of his brother who was with us until recently but died of tuberculosis. We didn't know he had it. Nearly all of them have in some form or other, and when they begin to go downhill it takes them off very quickly. This boy was such a willing lad, so happy and eager to help with everything. His brother is now learning the ways of a foreign house, and is as keen as though he were getting ten thousand a year. He is the only one of his family who is earning, and there are eight of them at home. They have a tiny bit of land. How little they live on, just a mere existence it seems to us. They work so willingly and gladly, and are satisfied with so little of the good things of life. No wonder China has survived. The Chinese have some wonderful characteristics all their own.

Mrs. Prince Resigns

Much to the regret of her associates, Mrs. William Prince (Isabel Manson) has terminated her connection with the McGill School for Graduate Nurses and will accompany her husband to the United States where he will engage in medical practice.

Mrs. Prince received the degree of Bachelor of Arts from the University of Saskatchewan and is a graduate of the School of Nursing of the Presbyterian Hospital, New York. After serving as a member of the staff of the Victorian Order of Nurses in Winnipeg, she was granted a scholarship by the Order which enabled her to take the course in Public Health given under the auspices of the League of Red Cross Societies at Bedford College, London.

Upon her return to Canada in 1927, she joined the staff of the Order in Montreal and in 1929 resigned in order to accept an appointment as Instructor and Assistant Director in Public Health Nursing in the McGill School for Graduate Nurses. Mrs. Prince is a niece of Miss Isabel Stewart and shares the capacity of the Stewart family to render notable service in activities associated with professional work. She served for two years as convener of the Public Health Section of the Association of Registered Nurses of the Province of Quebec and for three years as secretary-treasurer of the Public Health Section of the Canadian Nurses Association. She also made a valuable contribution to the work of the Central Curriculum Committee. The best wishes of her former colleagues and students will follow her to her new home.

Letters to the Editor

Student Councils and the "Journal"

A committee has been organized, through the Student Council of the Training School of the Toronto General Hospital, which purposes to contribute, for your consideration and approval, articles for the Student Page of *The Canadian Nurse*.

We have been interested in *The Canadian Nurse* and we are very pleased that we shall have an opportunity of sharing in this publication which is of increasing interest and help to our profession.

PATRICIA COLLINS,
School of Nursing,
Toronto General Hospital.

A Plea from a Red Cross Outpost

I am attaching the necessary to provide a personal right to read the *Journal*. It has been off my reading list through procrastination. I like its new uniform but am sorry not to find the hatches and matches as well as the despatches. How can we of the frontier tell of the changes in our friends' Christmas card address without the marriage notices?

However, best wishes for *The Canadian Nurse*.

I. S.

I. S. is reminded that the "Matches" continue to be duly heralded in *News Notes* under the appropriate local captions. Diligent study thereof will keep that Christmas list up-to-date, and will perhaps lure her into reading about professional activities as well. Sorry we have to be stern about announcing the younger generation but, as we remarked before, the line must be drawn somewhere, even on the frontier.—Editor.

THE HARBOUR, HALIFAX, NOVA SCOTIA.

Courtesy of the Canadian National Railways.

PROBATION DAYS

ENA GRIGGIN, Student Nurse, The School of Nursing of St. Mary's Hospital, Montreal.

Probation Days! To the ordinary individual this simple little phrase bears no special significance, but in the heart of every nurse, it recalls some of the most unbelievable, comical, and even terrifying incidents that she has ever experienced. What a change it is to step from the doors of a high-school or university into a hospital. The newcomer begins her training, expecting this, expecting that, and finding something totally different. She has wild dreams of operations, sees herself amid agony and suffering, and hopes that there will not be too many deaths the first day.

The first day arrives, and the probationer and her companions are led quietly into a classroom by the superintendent, who explains the rules of the institution, outlines the requirements for a nurse and encourages the students to persevere and attain their objective. The first few months are devoted to class and observation. The beginners are taught the best possible methods of caring for the sick, so that they may fulfil their duties diligently. They study nursing history, and many other subjects in order to appreciate their profession and uphold the standards of their pioneer sisters.

I believe that it is the last month of probation which is the most eventful and exciting, for it is then that the young nurse begins her hospital work. All eyes are focussed on the new little nurse, trying to be brave, and to avoid attracting attention, who loses all poise when someone at the far end of the ward informs the other patients, in her sweetest tone, that "these are the new probationers." Defiantly she strives on, thinking it would be heavenly if only she had a cap and bib, and could talk naturally while giving that first bath! If only that patient who has been in the hospital for months would stop telling her what the other nurse does! If they would stop asking questions: "Are you from the city? What did you say your name was? Are you not forgetting the draw-sheet? Is that the towel on the floor?" And if only the supervisor would centre her attention on somebody else!

The days fly by and, with them, the probationer's uncertainty and nervousness. Gradually she becomes accustomed to the routine, though she still experiences a queer sensation when she sees the superintendent and supervisor talking in the hall, when doctors make their rounds, and she yearns more than ever for a cap and bib.

At last the probationer finds herself in complete uniform. The cap has come, and with it the satisfaction of work well done, the thrill of promotion, and the ambition and determination to be worthy of it, by being a help to her companions, an asset to her school, a comfort to her patients and a credit to her profession.

The Editor's Desk

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The International Congress

Thanks to the courtesy of the American Journal of Nursing the *Journal* is permitted to publish the following cabled information concerning important events at the International Congress.

Forty-two countries were represented and the total registration exceeded two thousand. An enthusiastic audience filled the huge Trocadéro when six countries were received into membership. These countries were Austria, Czechoslovakia, Esthonia, Hungary, Iceland and Japan, including Korea.

Miss Lloyd Still, Matron of St. Thomas's Hospital, London was elected President, a choice which will be a source of pride and satisfaction to British nurses in all parts of the world. Miss Clara D. Noyes was re-elected as first vice-president, Miss E. M. Musson as treasurer, and Miss Christiane Reimann as secretary. The second vice-president is Miss Alexander of South Africa. A royal reception was given the delegates both in Paris and in Brussels and the report of our Canadian delegates is awaited with interest.

The Personal Factor

It seems to be the deep-seated conviction of a few nurses and more medical men that students who do well in the classroom do not make good bedside nurses. When there is so much smoke there must be some fire. Why this idea that, in the practice of nursing, a keen mind is a liability and stupidity is an asset? Doctors become decidedly vocal if slow and stupid nurses are assigned to the operating room, or to the delivery room, or to the care of their private patients. Medical health officers do not want them. Specialists scorn them. It seems then that medical men, whether they realize it or not, tacitly expect something more from a nurse than that she be amiable and submissive.

Is it possible that the trouble really lies in another direction and that we ourselves may have failed to foster in the intelligent student those aptitudes and attitudes which are rooted in character and disposition as well as in intelligence? The mechanistic era from which we now seem to be emerging did not favour the growth of such tender plants. They were killed out, not by too much book-learning, but by a disregard of the place of the humanities in any scheme of professional education.

The choice of candidates for admission to the nursing profession is admitted, by those responsible for making it, to be a difficult and responsible task. To begin with, it is seldom made with an entirely open mind. In the background is that haunting fear that if the class is too small in numbers there will not be sufficient staff on busy wards

next winter. Perhaps Miss Jones who is not very bright in class will have to be accepted. She seems a nice quiet girl and is good to the patients though she never seems to realize when anything goes wrong with them. Of course she should have reported that rash on Baby C's chest, and it was unfortunate about the tonsil case who had that concealed hemorrhage while the senior nurse was at lunch and the head nurse was busy in the chart room. But she has such a nice disposition—and she may learn to do better work later on.

Now the disquieting thing is that sometimes Miss Jones does learn, and sometimes she does not. That depends upon whether she has the sort of mentality which develops slowly but surely under favourable conditions or whether she is naturally and incurably dull. Both of these types may be the happy possessors of a placid temperament. The first is well suited to certain branches of nursing; the second is a menace to her patients however "good" she may be to them.

We must learn to discriminate early between these types of mentality and to reject candidates who are not of the desired calibre. We must also learn to develop in the intelligent student those homely virtues of good humour, patience and self-control which enable her to use her intellectual gifts to the best advantage. We firmly refuse to believe that many physicians put a premium on stupidity and even the few that do may be converted if we can show them that a nurse can be even-tempered without being stupid and kind-hearted without being dull.

The August Journal

New and interesting developments, with which nurses should be familiar, are taking place in the field of anæsthesia. The leading article deals this month with *Avertin,* and is written by Dr. Wesley Bourne, anæsthetist in the Western Division of the Montreal General Hospital. The *Journal* is also privileged to publish an article by Dr. Alan Brown, on *Acute Intestinal Intoxication,* which is particularly timely during the summer months when the effective nursing care of infants suffering from this condition is of such great importance.

Three student nurses contribute articles which are in sharp contrast to one another. Nevertheless each of these displays a real sense of values and a capacity for expression which should prove stimulating to future student contributors. Public health nurses in general, and school nurses in particular, will enjoy Miss B. E. Johnson's thoughtful paper on *The Conservation of Vision,* and private nurses will read with interest *Two Cases of Mastoiditis,* by Miss Vivian Colpitts, herself a private duty nurse.

Miss Margaret Moag comments, in *Medical Aspects of Relief,* on some of the findings of the recent conference on unemployment which was sponsored by the Council on Child and Family Welfare. In *Notes from the National Office* the Executive Secretary describes the relationship of this council and of other national groups to the Canadian Nurses Association. The charm of the Orient makes itself felt in *Nursing in China,* which is really a letter from Miss Margaret Gay which her friends have been kind enough to share with the *Journal.* In *Down by the Sea* an attempt is made to catch that elusive thing, the spirit of the place. The delightful illustrations are published by the courtesy of the Canadian National Railways.

Department of Nursing Education

CONVENER OF PUBLICATIONS: Miss Mildred Reid, Winnipeg General Hospital, Winnipeg, Man.

DOES THE NURSE NEED TO BE EDUCATED?

WINNIFRED PAINTER, Student in the Preliminary Course, The School of Nursing of the Montreal General Hospital.

No profession which admits to its ranks low-grade, half-trained material can measure up to the high standard of achievement which should be evident in the nursing profession. Superior education is conducive to open-mindedness, yet teaches one to deliberate before making moves and to appreciate the necessity for exact knowledge. In all occupations to-day, education is taking a most prominent part—in many cases the demand for university training is becoming more urgent. Why, then, should modern nursing not set up equally high standards for a profession which though new is becoming an essential part of the medical world? If the nurse is to fill the place of the "handmaiden of medicine", it seems only logical that her education should be adequate to make her an intelligent coworker with the medical men who have devoted seven or more years to their professional training.

There is a criticism abroad to-day of the modern plan of nursing education which is founded on the idea that a little learning is a dangerous thing. This statement would lead one to suppose that to avoid this danger one must either have less learning or else attain to a still higher standard of education. It seems impossible that anyone who understands the nursing situation, and the changes it has undergone, could possibly accept the former alternative. Therefore, as all learning is relative, both in quality and amount, it seems impossible that anyone should ever possess a sufficient store to be beyond the danger stage—if there be such a stage!

A little reasoning is not a dangerous thing if it is sound; but unsound reasoning that tends, intentionally or otherwise, to deprive the nurse of the advantages of a sound education is not only dangerous, but indefensible. To deny that the nursing profession has an inherent progressive tendency towards enlightenment and intellectual liberation is to deny the teachings of years of evolution.

Again there is great criticism of the nature of nursing education at the present time; it is said that the student is required to delve into too many things which have no direct bearing on the work which she must carry out to be an efficient nurse. It is true in nursing, as well as in any other profession, that many things are studied that have no immediate place in the work, but then, one is not expected to remember every little detail that they have had to learn at some time or other. Nevertheless, such an education gives one a wider foundation on which to build—new ideas and new methods are the more easily acquired and understood as a result of the groundwork that has gone before. It would, however, be impossible to draw up a curriculum which was perfect in every respect, so in this as in any

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other college or training school, there is bound to be a certain amount of teaching, the value of which is open to criticism.

A fairly common statement is that a "cheerful disposition in the nurse is more important than intelligence." It is true that a cheerful disposition in a nurse is an important factor, yet it would be quite possible for a nurse of high intelligence to carry through the care of a case, however serious, with ultimate success, even in the absence of the ever-desirable cheerful disposition. On the other hand, would anyone willingly trust a dear relative or friend to a person of low, sluggish mentality even though endowed with the most kindly disposition. Moreover, the idea that a person of high intelligence should as a result display a cold, sour disposition in contrast to the cheerful temperament supposedly exhibited by dull individuals may be proven, in the majority of cases, to be a most evident fallacy. Intelligence and disposition, from a psychological viewpoint, supplement rather than neutralize each other. Sound judgment is admittedly a factor in nursing success; but sound judgment is directly related to, and conditioned by, intelligence.

In critical situations, such as occur in serious cases of illness, surely good judgment is obviously desirable. One could hardly expect such a response from one whose only claim to preferment was a pleasing disposition. Nursing qualities and personal traits should be viewed in their true perspective as factors in personality, and no trait should be extolled to the prejudice of another.

Mastery of techniques only, without liberal education that enlarges the moral vision and intellectual horizon, is, in the judgment of the *Survey*, spiritually dwarfing and benumbing to the nurse as to any other citizen of the community. The nurse is primarily a human being before she is a technician. The existence of a positive correlation between intelligence and mechanical ability has been proven by psychologists.

In order to give the nurse the education which is advocated for the profession at this time it is most necessary that the candidate should be adequately fitted for the profession, not only with the necessary mentality, but with an adequate education as a foundation and that she should be mature. Again, the lectures in the training should be properly worked out to fit in with the requirements and the nurse should be given sufficient time to acquire the learning which is given to her. More real learning as opposed to lecturing the students in the customary fashion would eliminate many of the difficulties besetting the present-day trend of education. True education is a good thing and evil cannot come of good. Sound education inculcates proper attitudes towards the realities of life and instills a spirit of humility and service rather than the opposite. A higher standard of admission will not reduce the supply of students but will induce the right type of youth to accept the challenge which offers the difficult in preference to the easy,—but however difficult it may be, it must also be made truly desirable.

Nursing education should not be a thing distinct from any other kind of education; student nurses are dealing with human values and needs, with human problems and outlooks, as are the teacher, lawyer or doctor. If they possess adequate capacity, they respond to the same influences and their mentalities develop in the same manner. It is probable that the most satisfactory solution to the problems of nursing education — as of legal,

medical or other aspects of professional education—can be ultimately offered only by the university, which is most effectively equipped, staffed and financed to provide sane leadership and to serve as a clearing house for educational ideas. Such a nursing education would not only help to solve the many problems which beset the profession today, but would give to it a still higher status. It seems only right that the university should in time agree to grant degrees in nursing as in other professions, for the field of nursing, in the judgment of the *Survey,* presents sufficient scope and wealth of content to warrant the establishment of degree courses. While the degree, in itself, can be little other than an artificial incentive to the student, it is at least some indication, especially in the public mind, of the desirable nature of the courses offered.

As a result, the question *Does the nurse need to be educated?* is answered very definitely in the affirmative. In the judgment of the *Survey,* the modern nurse should be given an adequate and liberal, as well as a technical education.

Book Reviews

NURSES HANDBOOK OF OBSTETRICS, by Louise Zabriskie, R.N., Field Director, Maternity Centre Association, New York City. Third revised edition, 535 pages, 280 illustrations of which 6 are in colour. Published by J. B. Lippincott Company, Canadian Office, 525 Confederation Bldg., Montreal. Price $3.50.

The subject matter of this book deals with every aspect of obstetric nursing. It provides an excellent basis for study in that it contains a vast amount of valuable information for nurses and describes in detail obstetric nursing procedure. The province of the nurse in obstetrics is clearly defined in regard to both hospital and home nursing and in addition, her rôle as a health teacher as well as a bedside nurse is emphasized throughout.

The preventive aspect in the field of obstetrics is stressed particularly, and carefully planned health programmes for the mother and for the child are given considerable space. In the text dealing with the obstetric complications the application of therapeutic measures from the standpoint of preventing more serious developments is described again and again—in fact, one may say that the theme of the book is prophylaxis.

A chapter of interest is that which deals with the subject of the mental hygiene of pregnancy. The psychoses of pregnancy, labor and the puerperium are discussed at length and comprehensively. There is, also, an interesting study of infant psychology from the standpoint of the pre-natal and the early post-natal phenomena of consciousness. The newer practices in the treatment of varicosities in pregnancy and in the use of analgesia to relieve pain during labor are fully described.

The titles and classification adopted concerning certain of the grave complications of pregnancy might be altered to advantage with a view to simplification and to the avoiding of confusion upon some

points. For example the title "Nephritic Toxæmia" is given to a toxic condition occurring in a pregnant woman having a *definite history of nephritis*. In view of the latter fact, the title "Chronic nephritis complicated by pregnancy" would be more truly descriptive of the condition, especially since the term nephritic toxæmia is applicable, also, to the toxic conditions known as pre-eclampsia and eclampsia. Also, under the heading of "Diseases associated with pregnancy" appears the title "Albuminuria." The description of this so-called disease and its treatment, that follows, is largely a repetition —and correctly so—of the text appearing under the title of nephritic toxæmia (referred to above) and of pre-eclampsia, diseases in which albumin in the urine is one of the most constant, and therefore cardinal, objective symptoms. The same may be said in reference to a condition of ascites; like albuminuria, it is not a disease but is a symptom of a disease—yet, in this book, the condition is classified as a disease. Such points as these, although of minor importance, nevertheless are confusing to the student, and, for this reason, somewhat mar a very fine piece of literary work.

A feature deserving of special praise lies in the wealth of illustrations to be found in this book. There are 280 of these (6 reproduced in colour) of which the greater number have been photographed from the original; these alone make the book a noteworthy contribution to the field of nursing education. Their value is increased by the fact that each is accompanied by a carefully worded explanation. In many cases the illustrations appear in the form of a series of drawings or of photographs showing, step by step, certain procedures of special importance. Those concerning the details of the complete toilet of the infant and of his daily general care are particularly fine.

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Received for Review

NURSING MENTAL AND NERVOUS DISEASES FROM THE VIEWPOINTS of BIOLOGY, PSYCHOLOGY AND NEUROLOGY. A text-book for use in schools for the training of nurses. By Albert Coulson Buckley, M.D., Medical Superintendent, Friends Hospital, Frankford; Professor of Psychiatry, Graduate School of Medicine, University of Pennsylvania, Honorary Consultant in Psychiatry, Philadelphia General Hospital. 57 illustrations, 321 pages, Third Edition, Revised. Published by the J. B. Lippincott Company, Philadelphia. Canadian Office, 525 Confederation Building, Montreal.

Department of Private Duty Nursing

CONVENER OF PUBLICATIONS: Miss Jean Davidson, Paris, Ont.

TWO CASES OF MASTOIDITIS

VIVIAN W. COLPITTS, R.N.; Private Duty Nurse, Saint John, New Brunswick.

Last winter I was called upon to nurse two rather striking cases of mastoiditis. They are interesting in that the first patient, whose condition seemed to be chronic, died, while the second, who was acutely ill, made a fine recovery.

The first case was a man, fifty years of age, apparently strong and healthy. He came home from his office on Christmas Eve, suffering from earache. Heat was applied, but as it failed to improve; a doctor was called. On the third day after the onset, an ear specialist was consulted, and that night the drum was punctured. This seemed to relieve the symptoms for a short time, but they recurred with increased severity. Each day he was examined for possible infection of the mastoid cells, but the doctors seemed to think that this was unlikely, and that an improvement would come soon. This condition, however, continued for five weeks, and radiographs showed a deep shadow in the right mastoid area, and a haziness in the corresponding area on the left. Three days later, he was admitted to the hospital, and a simple mastoidectomy was performed. A fair amount of pus was found.

His post-operative condition was good, and for a week he had a normal temperature, and a slow pulse rate. During this time, however, he continually complained of a severe pain in his head, near the site of the anterior fontanel, and sedatives had to be given to procure sleep. On the afternoon of the eighth day, he had a slight chill, and his temperature became elevated. A consultation was held with another specialist, and the patient's eyes, ears and throat were thoroughly examined, but no evidence was found of a brain abscess. A two-hourly graphic chart was kept, which showed a wide range in temperature, and four days later, a second operation was inevitable.

In the operating room, the lateral sinus was opened, and the jugular vein was tied off; there was definite blockage in the sinus, and a thrombosis was seen. The temperature still remained high, and his condition was considered only fair. His respirations were very irregular, but his pulse was strong and regular. Two days later, his face showed an elevated reddened area on the side of the damaged ear; this area spread rapidly and was diagnosed as erysipelas. Scarlet fever antitoxin was given for three days. For four days the reddening continued to appear over the crown of the head, and down the other side to his neck, fading as it advanced. During this time he became very irrational his temperature mounted steadily, and tepid sponges were given every three hours.

Five days after the second operation, his condition was very poor, his respirations were Cheyne-

Stokes in character, his pulse weak and thready, and stimulants were ordered. At midnight of the sixth day, he lost consciousness, and the next day he died. A post-mortem was not performed, but it was thought that a brain abscess caused his death.

The second patient was a student nurse from the hospital where I trained. She reported off-duty the morning that my former patient died, suffering from a cold in the head, high fever, and general malaise. A day later a rash appeared on her body and she was transferred to the infectious hospital, with the diagnosis of measles. The next day, her temperature was very high, and she complained of soreness in the right mastoid area. Specialists were called in consultation, and it was decided that her temperature was too high to warrant an immediate operation. In the meantime, her ear drum punctured spontaneously, and a profuse amount of blood and pus was discharged. This eased the pain and gradually her temperature lowered.

Just a week after her transfer, she was returned to the general hospital, where a mastoidectomy was performed. A large incision was made and the bone was found to be eaten away and was very easily curetted. At the upper tip, the damaged bone reached through to the dura. The area was very extensive, a large amount of pus was found, but there was no hemorrhage.

Her post-operative condition was only fair. Her fever was intense, her pulse rapid and of fair volume. The second day diarrhoea developed, which lasted for five days. This left her very weak, but with an increasing diet, she soon began to gain strength. During this period, there was a large amount of thick green purulent discharge. On the ninth day, she was removed from isolation, and because of the extensive sloughing around the wound, the quartz air-cooled radiation lamp was ordered.

Her incision was very slow to fill in, so a month after her first operation, the area was opened again. A piece of decayed bone was removed, and a pocket of pus was drained. At this time it was seen that the floor of the middle ear was badly damaged, but as a site for a skin graft had not been prepared it was left for a later time. A week later, a consultation was held with a specialist, and he advised that it be left to heal without surgical interference. His advice was accepted and while it has required more time, there has been less pain and inconvenience. The patient is now at home and is able to walk to the hospital each day for dressings. The wound is filling in nicely and she expects to be back on duty before many more weeks have passed by.

Department of Public Health Nursing

CONVENER OF PUBLICATIONS: Mrs. Agnes Haygarth, 21 Sussex St., Toronto, Ont.

CONSERVATION OF VISION

B. E. JOHNSON, Reg. N., Division of Child Hygiene and Public Health Nursing, Provincial Department of Health, Ontario.

It was about 1883 that Cohn published his "Hygiene of the Eye" and brought into prominence the necessity of testing the vision of school children. Since then, principally owing to the figures which Cohn showed and the conclusions he based upon them, the subject has received a large amount of attention in all countries. It was not, however, until the year 1908 that a system of medical inspection was established in Great Britain and the result showed that the percentage of defective vision is higher in girls than in boys, and that younger children exhibit a higher percentage than older pupils. Miss Mildred Smith, Associate Director of Nurses of the National Institute for the Prevention of Blindness, has admirably stated the objectives of vision testing as follows.

In vision testing, we have more to accomplish than just testing eyes. We are educating to the need of regular ocular examination. If in a general examination of the child, we do not include an inspection of the eyes and a vision test, we are prolonging that period in which people do not give the eye its place in the field of health work. Too long it has been considered that the eye is a mechanical thing, separate in terms of health from the system as a whole. We must help to correct so wrong an impression, giving some idea of an eye inspection and a vision test when the general health is being inspected so that parents will learn to appreciate that eyes may be influencing general health, and in its turn, that general health may be influencing eyes.

The agencies most likely to cause defective vision are: the influence of heredity; the influence of age; the influence of sex; the influence of consanguinity or kinship; the racial influence; the influence of disease; the influence of environment including school lighting. I shall deal briefly with the three latter influences, namely, disease, environment, and school lighting.

It is during early school life that the possibility of contagious disease being contracted is most likely, and it is during the acute stage of these diseases that the greatest care and attention are given to the affected children. During their convalescence they are allowed a great deal of freedom in the home. Upon their return to school, however, immediately after quarantine, they are inadvertently urged to make up for the time lost academically, whether it is two, three or five weeks. Naturally, in this state of lowered resistance, the strain on the eyes is marked.

Certain communicable diseases may definitely affect the eyes, such as syphilis, gonorrhea, smallpox, measles, and even chickenpox. Congenital syphilis may make its

(An address delivered to the School Health Section of the Ontario Educational Association, April, 1933.)

appearance in children of school age and takes the form of opacity or the cornea; this is called interstitial keratitis. Gonorrheal ophthalmia is, fortunately, less common than it used to be. In virulent types of chickenpox and smallpox, we may get a local lesion of the conjunctiva resulting in scarring.

There are some fallacies regarding diseases of childhood that have been so long a part of our beliefs that it is very hard to correct them even in the light of modern discoveries. One of the most important is regarding measles and a dark room. It has been proven that a room, where sunshine is let in, is not harmful to those suffering from measles. The light must not shine directly on the child's eyes, but no ill effect is caused by the room being diffused with light, and convalescence should be more rapid and infinitely more pleasant for the patient.

A great deal of time and study has been devoted to medical research respecting the influence of nutrition on the eyes. The conclusion reached is that general weakness of the body may result in a weakness of any of its parts, and, conversely, a weakness of one organ may unbalance the sturdiness of the whole body. We know that visual efficiency affects the working ability in childhood as well as in after years, and vision being our most important special sense, it is possible for a child's whole outlook, in the widest meaning of the word, to be affected by his sight.

In vision testing we can divide our group into three—the myopic eye, the hyperopic eye and the astigmatic eye, adding to the latter group, the cross eye or squint. Of the latter, we have too many amongst our pre-school and school children. Myopic children will not complain of symptoms. As they progress through the different classes, there will be a slowing-up in their advancement because of the more general use of the blackboards for teaching purposes. They see clearly any object close at hand, read books easily and with comfort, but do not join in games and sport that require distant vision. It is much harder to find the defect in a child who is hyperopic by the ordinary method of inspection, and then only the severe types are revealed. The astigmatic and hyperopic eyes need a cycloplegic administered by an oculist, to determine the extent of the defect.

Ask a layman what he thinks is the cause of squint and he will say that it is the result of some sudden shock, fright, convulsions, whooping cough or some other childhood disease. In infancy, parallel vision is well established in the first year. In cross eyes, one eye is stronger than the other, the stronger eye focusing upon the object and the weaker eye ignoring the object and turning in. As the vision is not being used in the weaker eye, it rapidly fails and squint is established. Such a defect, if neglected, causes the loss of sight in that eye in many cases. Squint may be corrected without operation by early treatment; but to affect correction, it is imperative that treatment be instituted immediately the condition is noticed. Vision should be tested and glasses fitted to prevent the lessening of vision in the weak eye.

Most children will tolerate glasses at fifteen months of age, notwithstanding the skepticism of the parents. At this age, glasses accomplish much and if all children with such defect were under the care of specialists at the age of two years, there would be many cures of cross eyes and few operations later. The child must be encouraged to use the weaker eye to de-

velop the vision. The doctor will advise the best means to do this.

The influence of environment on the physical and mental development of the child is pronounced. To what extent such environment, whether at home or in school, is detrimental to the visual effectiveness of the child, can only be revealed by a complete examination by a physician. By a careful vision test and the noting of symptoms of eye strain, the nurse and teacher can screen out many children who otherwise might go without this service. It is well for the nurse to take cognizance of the other defects that have been noted on the pupil's health card. The failure to seek from the teacher a history of symptoms or habits indicating eye strain, or any abnormality, is one of the greatest sins of omission in school health work.

The classroom should be sufficiently large, with plenty of window space, and the light should come in to the left of the pupils without glare. Glare can often be prevented by having dull-finished desks and woodwork, and by having each window supplied with two buff translucent blinds attached at the centre of the windows, so that one may be raised by means of a pulley placed at the top of the frame work, and one may be pulled down. This will give the pupils on the farthest side of the classroom, light from the upper part of the windows and allow free circulation without draft. If the school board considers two window shades a ruthless extravagance, one shade may be used by attaching it to the window sill, and having a cord running to the top of the window, through a pulley, and fastened at the lower part so that the light may be regulated at different times of the day.

If there is artificial lighting, the fixtures should not be too near the ceiling, and the bulbs should be of ground glass, or in a shade that permits distribution of light freely. The light standard should be 8-10 foot candles. This may be measured by the foot candle meter.

The blackboards should be of slate. These should not be placed between windows, or on the side walls to be used for class work, unless the seats can be moved to face the side wall on occasion. The teacher should not stand in front of the windows when requiring the attention of the pupils for any length of time. Looking at the board at a slanting angle is a severe eye muscle strain. The windows should not be filled with plants which, though decorative, are also light-absorbing.

The charts most commonly used for testing vision are Snellin's Letter Chart, and the Symbol E. Chart, the latter being used for pre-school, kindergartners, and children of less ability, and in one-roomed schools where there is no place but the classroom for examining. In testing for distance, a range of twenty feet or six meters is selected. If meters are used, a metric tape will be needed to measure the distance. The distance of twenty feet is selected since the rays of light from this distance are practically parallel. This distance, because of the universal use of these charts, has become standardized.

Charts must be kept clean, and if framed may be more easily handled and protected. To cover a chart with glass defeats its purpose as there is a decided glare caused by the reflection on the glass. It is preferable to use the stiff card as the linen chart that can be rolled does not lie flat on the wall. An adjustable light should be placed at the side on the wall, or a gooseneck light so placed that the light will fall on the centre of the chart. A 60 or 100 watt daylight blue lamp or a 50 watt clear

lamp should be used. The floor should be measured off with a tape measure at intervals of two feet for twenty feet. The child's eyes should be exactly twenty feet from the chart, whether the child is sitting or standing. A plan whereby the chart can be raised or lowered to suit the height of the child being tested should be arranged. This may be done by means of a cord and pulley, or a stand that may me made by anyone handy with tools.

With very young children, eye testing must take the form of a game with the E representing an animal, such as a dog or cat, turning this way and that. The child should not be aware that the eyes are being tested. A group of little ones should be taken together and shown the E in its different angles, and pointing with the arm and hand to indicate the direction of the feet, gradually moving them back to the twenty foot line. At this point the children should be tested individually. A small cardboard should be used to cover the eye, one for each child, being sure that the eye covered is open, and that the card is following the line of the nose. Note the position of the head, the posture, and the facial expression, as these complete the picture of vision testing and give us a clue to the conditions existing. Note should also be made of granulation or of anything peculiar about the appearance and shape of the eyes.

If the vision is defective, make inquiry regarding medicine having been administered, as Pinex, Buckley's Cough Mixture, santonin, quinine and even aspirin have all been known to materially effect the vision temporarily. Children with a severe head cold should not be tested when so afflicted. Children wearing glasses should be tested with and without them, and the record should be of eyes tested with glasses, if only one record is made. Pupils repeating grades and those who are reported as careless and dull should be very carefully tested, as records show that many of these pupils are suffering from visual defect and that retardation has been attributed to other causes.

No child should be marked with a defect in vision unless tested at least twice, and no report should be sent home unless the eyes have been tested a second time within a short interval. Recording on A. D. P. Cards, under Code Number 1, the eyes should be recorded in the columns allotted to the right and left eye, the distance being the numerator, or the top, and the denominator, or lower half of the fraction, the number of feet at which the normal eye should read the letter.

A good way to interest both teacher and pupils is to have the teacher play the game with the little ones several times before the day for the complete physical examination is set. As the teacher usually has to assist the nurse with the little ones, she becomes familiar with all angles of vision testing and can note those who do not measure up to standard.

Talks should be given on the care and mechanism of the eyes, the danger of infecting the eyes by dirty and contaminated hands and family towels, of playing with sharp instruments and throwing sand or stones, at one another's faces, and of pointing loaded firearms and fire-crackers. The importance of proper lighting in the home should be stressed, and children of all ages, from the kindergarten to the highest grades, should be taught and encouraged to conserve the precious gift of unimpaired vision.

Notes from the National Office

Contributed by JEAN S. WILSON, Reg. N., Executive Secretary

National Affiliations:

In these columns it may be well to recount at intervals, the relationship of the Canadian Nurses Association to other nationally organized societies in Canada. There are two organizations with which the Association maintains affiliation: The National Council of Women of Canada, and The Canadian Council on Child and Family Welfare.

The older of these two Councils is the National Council of Women of Canada, which from May 29 to June 2, 1933, held its fortieth annual meeting in Calgary. Two members of the Alberta Association of Registered Nurses attended as official delegates of the C.N.A.: Miss Eleanor McPhedran, Superintendent of Nursing, Central Alberta Sanatorium, and member of the Senate of the University of Alberta, and Miss S. Macdonald, Superintendent of Nurses, Calgary General Hospital.

Following each biennial meeting of the C.N.A. one representative is appointed to each of six standing committees of the National Council of Women. The members acting for the period 1932-1934 are: *Public Health*: Miss Margaret L. Moag, Montreal; *Child Welfare*: Miss Esther Beith, Montreal; *Housing and Town Planning*: Miss Elizabeth Russel, Winnipeg; *Laws Concerning Women and Children*: Miss Christine Davidson, Calgary; *League of Nations*: Miss Gertrude Bennett, Ottawa; *Mental Hygiene*: Miss I. Kilburn, Toronto. The president of the C.N.A., by virtue of that office, is a member of the Executive Committee of the Council which has general charge of the affairs of the organization, and meets at least twice in each year. An annual report from the C.N.A. is prepared for the Council and is published in its Year Book. C.N.A. members can keep themselves informed of the Council's progress by taking an interest in the activities of their respective local councils of which, according to the 1932 Year Book, there are over fifty.

The second Council with which the Canadian Nurses Association is affiliated is the Canadian Council of Child and Family Welfare, and as the official representative of the Canadian Nurses Association, Miss Dorothy Percy, Chairman of District No. 8, Registered Nurses Association of Ontario, attended its thirteenth annual meeting on May 3 in Ottawa. This council also convened a conference in Ottawa during May for the purpose of discussing problems in the social administration of unemployment relief, direct relief and other welfare services. The C.N.A. was invited to send three delegates, and Miss Gertrude Bennett, Second Vice-President; Miss Margaret Moag, Chairman, Public Health Section, and Miss Gertrude Garvin attended the conference in this capacity.

From statistical records found in the *Survey* and from information obtained from the Provincial Association relative to unemployment among nurses and alleviation measures, there was compiled at the National Office a memorandum for these representatives. They were also supplied with copies of all resolutions adopted at the General Meeting of 1932, relating to economic conditions among nurses in Canada.

A third national body to which the C.N.A. appoints a delegate is

the Central Council of the Victorian Order of Nurses in Canada. It was in 1930 that this courtesy was first extended to the C.N.A., when the president was designated as the official representative. At the same time, similar invitations to the Provincial Associations were made by the V.O.N. through the C.N.A. The annual meeting of the Central Board of the Victorian Order of Nurses in Canada was held in Ottawa, from May 9 to 12. As the president, Miss Emory, was unable to be present, the second vice-president, Miss Gertrude Bennett, of Ottawa, acted as deputy.

The C.N.A. gladly accepts its place in relation to other nationally organized societies but, in doing so, the association must necessarily make heavy demands on those members who act as representatives. The membership at large is indebted to those members who voluntarily and graciously accept these arduous tasks.

The part the National Office takes in connection with these national relationships may be briefly stated: The major portion of correspondence is handled at headquarters, annual reports are prepared and requests for information are attended to as received. It is estimated that at least a total of one week's time is required annually to deal with the work arising from these national affiliations.

Highlights in the Provinces:

Interim reports from the provincial associations for the C.N.A. presented at the Executive Committee meeting in June reveal gratifying achievement in the varied activities of each provincial group.

In *Alberta* the response to the membership campaign is favourable, as is the number of nurses applying for registration following the passing of the Registered Nurses Examinations in April. The A.A.R.N. has sent an invitation to the C.N.A. to hold the General Meeting, 1936, at one of Alberta's mountain resorts.

In *British Columbia* the six months' experiment in hourly nursing, directed by the Victorian Order of Nurses, is to receive financial support from the Graduate Nurses Association of British Columbia should there be a deficit; an enquiry has been sent to the secretaries of Provincial Associations asking if opportunity or arrangement can be made for the interchange, or exchange of nurses in all branches of the profession.

In *Manitoba* the questionnaires based on certain findings in the *Survey*, prepared by the Chairman of the Provincial Joint Study Committee, have been completed by the three sections; a summary of replies is to be made. The Interchange of Nurses Scheme for the members of the M.A.R.N. became operative on April 1st.

In *New Brunswick* the executive council for the Provincial Association has made several recommendations to the board of examiners relative to regulations controlling failures and supplementary examinations. The Private Duty Section undertakes to learn the opinion of private duty nurses in regard to a possible lowering of fees. The matter is to be brought up at the annual meeting to be held on September 12 and 13, in St. Stephen.

News Notes

News items intended for publication in the ensuing issue must reach the Journal not later than the eighth of the preceding month. In order to ensure accuracy all contributions should be typewritten and double-spaced.

ALBERTA

CALGARY: The quarterly business meeting of the Calgary Association of Graduate Nurses was held on June 20, the president, Miss Gilbert, occupying the chair. The Honorary President, Dr. H. A. Gibson, gave an interesting talk on the value of the Association to nurses in general, emphasizing the importance of unity in meeting the various problems that arise in upholding the ideals of the profession. He spoke of the value of the Association as affording an opportunity for the exchange of ideas, for friendly intercourse with others who have the same aims and trials and for mutual help obtained by talking over one's mistakes and successes. Such a combination of experience will help to give direction to the new forces which are manifesting themselves along educational lines in the nursing field, and will help the growth of plans for a State nursing service which is slowly but surely coming. The nation's health is the nation's wealth and it is inevitable that the Government must eventually assume responsibility along these lines and the nursing profession should be ready to fall in line.

It was decided to hold a basket picnic in July for the nurses and their friends and, later in the summer, a sale of work and a garden party. Two of our members, Miss H. Watson and Miss M. Cooper left Calgary on July 2 en route for the Congress at Paris. Miss D. Mott has gone to Vancouver for the month of July.

EDMONTON: The Edmonton Graduate Nurses Association has organized an hourly nursing service in connection with the nurses registry, in order to meet prevalent conditions and to render a fuller service to the community. Miss Katherine Brighty, Provincial Superintendent of Public Health Nurses, sailed on the Empress of Britain on July 1 for England and the Continent. She will represent Alberta at the International Congress of Nurses.

MANITOBA

WINNIPEG: The regular business meeting of the M.A.R.N. was held on June 9 in the Legislative Buildings. The committee on the interchange of nurses reported progress and several new applications are on file. A prize is being offered to the nurses taking the post-graduate courses provided under this scheme for the best essay on the work they are doing. The prize-winning essay is to be offered to *The Canadian Nurse* for publication.

WINNIPEG: Miss Olga Wicks (W.G.H. 1928) and Miss Eleanor Thompson (W.G.H. 1928), have left for England to take up post-graduate work.

MARRIED: On June 3, 1933, at Carrol, Manitoba, Miss Helen Turner (W.G.H. 1928), to Mr. Victor Johnson, of Winnipeg.

WINNIPEG: The School of Nursing of the Children's Hospital held its graduation exercises on June 5, in St. Stephens United Church. Sixteen nurses received the diplomas and pins of the school. Mrs. P. C. Shepherd, President of the Hospital Board, was in the chair and gave a short address of welcome to the guests. Dr. Stewart McInnes, President of the Medical Staff, gave an address on the growth of the nursing profession. Rev. W. A. Clarke gave an address to the graduating class on the *Uniqueness of the Nursing Profession.* Mrs. E. C. Harte presented the special prizes. Miss Winona Lightcap and Mr. Norman Douglas gave the musical programme. The Alumnae Association entertained on May 23 at dinner in honour of the graduating class. Miss M. B. Allan, Hon. President of the Alumnae Association and Superintendent of Nurses, Mrs. J. H. R. Bond, founder of the Hospital, together with twenty-five guests and members of the association were present. Artists who contributed to the programme were Mrs. MacDougal and Mrs. Scarth.

NEW BRUNSWICK

SAINT JOHN: An address, "Glimpses of public health work in Europe," given by Miss Elizabeth Smellie, under the auspices of the Local Chapter of Registered Nurses, was greatly enjoyed.

On June 7 the Saint John General Hospital Alumnae Association entertained the graduating class of 1933 at a dinner dance and bridge, in the Admiral Beatty Hotel.

Among the delegates to the Congress at Paris are: Miss Maude Retallick, Miss Ada Burns, Miss Jane Patchell and Mrs. Duncan Smith of Saint John.

MARRIED: At Dalesville, Que., Miss Gladys W. Draper (S.J.G.H. 1925), to Mr. John Titman.

SAINT JOHN: Speakers from the Maritime Provinces took part on June 20 in a symposium on public health nursing at the meeting of that section of the Canadian Public Health Association. Miss H. Dykeman, director of public health nursing for New Brunswick, presided. All emphasized the

necessity of supervision. "The rural nurse is so often the sole authority on health of the locale that it is important that she is well trained", remarked Miss Dykeman. "She must understand country people and country ways; her understanding of their psychology must also be assimilated and she must grow by sharing their responsibilities. To rural nurses, the supervisor is as necessary as the tiller to a sail boat". Miss Winifred Dawson, Maritime supervisor for the Victorian Order of Nurses, said that the value of supervision was receiving increased recognition by groups engaged in a variety of occupations. The high degree of efficiency attained in the municipal department of health at Halifax was due largely to a minute system of supervision, said Miss Marion Haliburton, child welfare nurse of that city. In a nursing body of any size there must be uniformity of procedure, with a personal touch here and there. The offices of a city health department were a clearing house for trouble and complaint calls. The aim of all supervision, as given by Miss Irma Reeves, of the Visiting Nurses Association of New Haven, Conn., is to provide for the efficient functioning of each branch of the service, and to carry on education of the staff so they may better serve the health needs of their community and be alert to recognize or evolve improved methods.

ST. STEPHEN: The regular meeting of the local chapter of the New Brunswick Association of Registered Nurses, held at the home of Miss Mabel McMullen, was well attended.

ST. STEPHEN: The graduating exercises of the class of 1933 of the School of Nursing of the Chipman Memorial Hospital were held June 16, when nine nurses received their diplomas and pins. Lieut.-Colonel W. H. Laughlin, M.D., presided in his usual genial manner. An exceptionally practical address to the graduating class, given by Dr. E. O. Thomas, contained much food for thought. Miss Della Greene was winner of the prize for the highest average in the senior class, as well as of a special prize for having led her class for three years in succession. Later in the evening a reception and dance, in honour of the new graduates, was given by the Alumnae Association.

MARRIED: On June 22, 1933, Miss Roberta N. Dowling (C.M.H. 1929), to Mr. Harold Irving.

MARRIED: On June 1, 1933, Miss Edna Walters (C.M.H. 1932), to Mr. Robert Mallory.

NOVA SCOTIA

HALIFAX: The Institute carried on in Halifax, under the auspices of the Registered Nurses Association of Nova Scotia from June 12 to 17, on Administration and Teaching in Schools of Nursing, proved most stimulating and helpful to all who were privileged to attend. Miss Johns conducted the morning sessions, which were devoted to discussion of problems of teaching and administration in Schools of Nursing. The afternoon sessions included lectures on mental hygiene by Dr. E. Brison, Provincial Psychiatrist, and on public health by Dr. H. G. Grant, Dean of the Medical School of Dalhousie University. Dr. H. B. Atlee gave a most stimulating address on social and economic aspects of nursing at an open meeting held in the evening. In the group attending were hospital administrators and staff nurses, private duty and public health nurses. All were most enthusiastic regarding the help and stimulus received. The Institute was brought to a close by a banquet at the Nova Scotian Hotel. This was attended by a large number of nurses from all parts of the Province. Miss Ethel Johns, Miss Agnes Baird, Secretary of the Child Hygiene Division of the Canadian Council of Child and Family Welfare, Dr. Brison, Provincial Psychiatrist, and Miss Pemberton, one of the organizers of the Graduate Nurses Association of Nova Scotia, but now residing in Ottawa, were guests of honour. Miss Johns was the chief speaker and told of her work in France, Belgium and Hungary. At the close of her address she was presented with an amethyst pin and a basket of flowers by Miss Catherine Graham who, on behalf of the nurses, thanked her for the exceedingly helpful series of lectures. Miss A. Baird spoke briefly but in a most interesting manner on her work in China. At the close of her address she was presented with a basket of flowers, as were also Dr. Brison and Miss Pemberton.

ONTARIO

DISTRICTS 2 and 3.

BRANTFORD: A conference on classes in home nursing, sponsored by the Ontario Division and the Brantford Branch of the Canadian Red Cross Society took place on June 16 at the Golf and Country Club. Invitations were issued to the conveners of home nursing committees and instructors throughout Western Ontario, and the conference took the form of a supper served at tables decorated with peonies and larkspur. The guests were received by Miss Marion Henderson, organizer of Red Cross Home Nursing Classes for Ontario, and Miss E. M. McKee, convener, Red Cross Home Nursing Committee, Brantford Branch. Mr. R. E. Gunthef, president, Brantford Branch, extended an address of welcome to the group. A roll-call revealed the following representation: Brantford, Peterborough, Preston, Hamilton, Kitchener, Niagara Falls. The guest speaker was Miss Nora Nagle, Assistant Director, School of Nursing, University of Toronto. Her address, *Principles of teaching*, contained many practical suggestions which could be well applied in the work of the home nursing instructor. A very enthusiastic round table discussion on general problems of the work followed the address and a generous exchange of ideas and helpful suggestions made the meeting very worthwhile.

BRANTFORD: Miss Dora Arnold, a member of the nursing staff of the Brantford General Hospital, and Miss Mary Meggitt, private duty nurse, are attending the International Congress of Nurses, in Paris and Brussels. They sailed on July 1 on the Empress of Britain. Miss Clara Biffin is interning at the Toronto General Hospital, for six months. Miss Eleanor Marshall is interning at the Toronto Hospital for Consumptives, Weston, prior to enrolling in the post-graduate course for nurse instructors given at the School of Nursing, University of Toronto. Miss Jean Herman leaves Brantford on September 1 to spend a year in post-graduate study of psychiatric nursing at the Ontario Hospital, Whitby. An article entitled *Home Nursing Instruction, A Red Cross Contribution to Citizens and State*, by Miss E. M. McKee, Superintendent, Brantford General Hospital, and convener of the home nursing committee, Canadian Red Cross, Brantford Branch, appears in the June issue of the Red Cross Bulletin, Ontario Division Magazine.

GODERICH: The summer meeting of Districts 2 and 3 of the Registered Nurses Association of Ontario, was held on June 21 at Goderich. The programme included a civic welcome, extended by Mayor Lee, and greetings from the Huron County Medical Society, and the medical staff of the hospital, by Dr. W. W. Martin. Dr. W. G. Gallow spoke on *Pulse, temperature and respiration*, and in relation to each other, and Miss Helen Murison, dietitian, Brantford General Hospital, gave a paper entitled *The value of natural vitamines in the diet of children*. Reports of standing and special committees were presented. Miss Marjory Buck, president of the Registered Nurses Association of Ontario, spoke briefly on the membership campaign. All sections of the district were well represented, there being a total registration of seventy-five nurses. The fall meeting will be held in Brantford in October.

GUELPH: The graduating exercises of the Guelph General Hospital School for Nurses were held on May 12, 1933, when fourteen students received their pins and diplomas. The Hon. W. Martin, Minister of Public Health for Ontario, was the guest speaker. A reception was afterwards held when Miss A. Campbell, superintendent of Guelph General Hospital, Mrs. R. B. Robson and Mrs. W. J. R. Fowler received the guests. The prize winners were: *for general proficiency:* Miss Isobel Green; *for highest standing:* Miss L. Sinclair; *for operating-room technique:* Miss M. McIntosh; *for obstetrical nursing:* Miss Brydon.

Miss Pringle has returned to Guelph after taking a one-year course in Public Health at London. Several nurses motored to Goderich to attend the June meeting of Districts 2 and 3 of the Registered Nurses Association of Ontario.

GUELPH: The graduating exercises of the Homewood Sanitarium were held on the lawn of the institution, on May 30, with the Rev. Mr. Clysdale as guest speaker. A reception was held afterwards and a dance was given in the evening.

GUELPH: The graduating exercises of the St. Joseph's Hospital School for Nurses was held in the Knights of Columbus Hall, on June 8, Rev. Father O'Reilly, of the Guelph parish, was the speaker. A reception was held afterwards and a dance given in the evening.

STRATFORD: The graduating exercises of the Stratford General Hospital School for Nurses were held June 14 at Lakeside Park. The address to the class was delivered by F. G. Sanderson, M.P. The prizes were awarded as follows: *The Mayor's medal for general proficiency:* Mrs. Kathleen Snider; *General proficiency in bedside nursing:* Miss Doris Cameron; *Highest marks in general medicine:* Miss Marie Thomas; *Highest marks in theory:* Mrs. Kathleen Snider; *Second highest marks in theory:* Miss Mildred Scott; *Highest marks in Paediatrics:* Miss M. Scott; *Highest marks in obstetrics:* Mrs. K. Snider. Nine students graduated, including: Miss Doris Cameron, Miss Ruth Danard, Miss Inez Newbigging, Miss Dorothy Rohfritsch, Miss Mildred Scott, Mrs. Kathleen Snider, Miss Shirley Stoll, Miss Emily Thompson, Miss Marie Thomas and Miss Edna Weicker. The diplomas and medals were presented by Miss E. M. McKee, superintendent of the General Hospital, Brantford. The Alumnae Association also entertained at a dinner bridge at Chicopee, in honour of the class. Covers were laid for thirty-three persons and appropriate favours marked the honour guests' places.

Miss Zeta Hamilton, superintendent of the Stratford General Hospital, and Miss F. Kudoba, obstetrical supervisor, sailed aboard the Duchess of Bedford, for a six weeks' trip to Great Britain and the Continent.

Members of the Alumnae Association assisted at the Rotary Crippled Children's Clinic, which was largely attended.

WOODSTOCK: The graduating exercises of the School of Nursing of the Woodstock General Hospital were held on June 7 in Chalmer's United Church, which was effectively decorated with a profusion of flowers. Seated on the platform with Mr. E. W. Nesbitt, president of the Hospital Board, were the Rev. V. T. Mooney, who gave the invocation, Hon. D. M. Sutherland, Miss F. E. Sharpe of Toronto, a former superintendent of Woodstock Hospital, Mrs. J. R. Shaw, president of the Ladies Auxiliary, Mayor Hill of the City of Woodstock, Warden J. F. McDonald, and Miss Helen Potts, the superintendent of the hospital. The guest speaker was Dr. F. W. Routley. Miss Kathleen Start won the Dunlop scholarship for general proficiency and also the prize for the highest average in theory and practice in obstetrics awarded by Dr. J. M. Stevens. The award for highest average in theory was won by Miss Olive Jefferson, and for practical work by Miss Phyllis McDonald. Following the exercises a reception was held at the Nurses Residence, Miss H. Potts receiving with the new

graduates. Following the exercises, the Alumnae Association entertained the graduating class at dinner. The tables were decorated in the school colours. and about sixty guests were present. Miss Gladys Jefferson acted as toast mistress and those proposing toasts and replying were: Miss Hobbs, Miss Frances Sharpe, Miss Weston. Miss Helen Potts, Miss Slaght, Miss Marie Kenney and Miss Costello. After the dinner. the graduating class were guests at a theatre party. The graduating class were also the guests of two local Chapters of the I.O.D.E. at a dance held on June 8 in the Assembly Hall of the Ontario Hospital.

The annual meeting of the Alumnae Association of the School of Nursing of the Woodstock General Hospital, was held June 5 and officers for the year were elected as follows: First Hon. President, Miss Frances Sharpe; Second Hon. President, Miss Helen Potts, superintendent; President Miss Mabel Costello; Vice-President, Miss Anna Cook; Recording Secretary, Miss Lila Jackson; Assistant Secretary, Miss Jean Kelly; Treasurer, Miss Maude Slaght; *Press representative*, Miss Doris Craig; *Convener Programme Committee*, Miss Ella Eby; *Flower and Gift Committee*, Miss E. Watson; *Social Committee*. Mrs. McDiarmid, Mrs. P. Johnson, Miss Hastings. The meeting closed with a social half hour.

District 4

Hamilton: Prior to the graduating exercises of the School of Nursing of St. Joseph's Hospital, the members of the Alumnae Assotion tendered a dinner in honour of the 1933 graduating class. Many were present from out of town and were welcomed by the president, Miss Eva Moran. The committee who assisted in receiving the guests were Misses M. Kelly, M. MacIntosh, M. Hayes, and E. Melody. The toast to his Holiness the Pope was proposed by Miss Eva Moran, responded to by Miss Mariette Rosenblott; to the King by Miss A. Melody, response by Miss H. McMannamy; to our Alma Mater, proposed by Mrs. J. Poole, response by Miss M. MacIntosh; to the graduating class, proposed by the president, and response by Miss B. McKenna. Miss A. Farrell then thanked the members of the Alumnae Association, on behalf of the class. Dr. Florence Smith briefly addressed the gathering. The graduation exercises took place on June 7 when Dr. W. P. Downes, chairman of the staff, presided and welcomed the guests. He congratulated the Superior on the excellent work done at the hospital, and on behalf of the medical staff thanked the sisters for their kind cooperation. He urged that an effort be made to alleviate present unemployment conditions by an eight-hour day, a five-day week, and an equal distribution of the work among qualified nurses. Most Rev. J. T. McNally, D.D., delivered an eloquent address and Dr. B. T. McGhie and Dr. H. Sullivan also offered congratulations to the graduates. Mayor Peebles paid tribute to the efficiency of the St. Joseph's Hospital, and the Rev. J. S. McGowell pointed out that graduation was really a commencement. The presentation of diplomas and pins was made by Bishop McNally. The prize winners are as follows: *for highest standing in theory* (given by Dr. J. R. Parry), Mary J. Sinnott; *for general proficiency* (given by Dr. W. P. Downes), Alice E. Bishop; *for efficiency in bedside nursing* (given by Dr. Woodhall), Dorothy Copp; *for medical nursing and examination* (given by Dr. L. L. Playfair), Muriel Brown; *for gynecological nursing and examination* (given by Dr. W. Jamieson), Pauline Wilton; *for obstetrical nursing and examination* (given by Dr. L. A. Richmond), Gladys M. Yaeger; *for preventive medicine* (given by Dr. A. C. Martin), Mary A. Swindinski.

District 5.

Toronto General Hospital: Miss Helen Jackson(T.G.H. 1928), has left to spend a year at the American Hospital, Paris. Miss Marjorie Bernie (T.G.H. 1931), has left on a Mediterranean cruise. Miss E. Forgie (T.G.H. 1920), Margaret Turnbull (T.G.H. 1920), Maud Fry (1922), Jean Dent (1922), Elma Eugen (1928), Isabel Fairfield (1928), Mary Shaffner (1922), Edna McKinnon (1922), Sadie Williams (1926), Evelyn Thompson (1926), Janet McMillan (1930), Eleanor Griffiths (1933), have all gone abroad and will attend the I.C.N. Congress. Miss Dorothy McNeil (1929), has left on a trip to China to visit Miss Georgina Menzies and Miss A. Doyle.

Married: On June 9, 1933, at Hart House Chapel, Toronto, Miss Kathleen Bryant (T.G.H. 1930), to Dr. R. Laird. Dr. and Mrs. Laird will spend a year in England.

Married: In May, 1933, at Toronto, Miss Irah Hendron (T.G.H. 1929), to Mr. Brand.

Married: On June 28, 1933, at Knox College Chapel, Miss Katherine Howie (T.G.H. 1931), to Dr. J. Anderson, of Saskatoon.

Married: In June, 1933, Miss Jean McGregor (T.G.H. 1929), to Mr. R. Fiske, of Boston.

Married: On June 10, 1933. at Gananoque, Miss Eugenia Wright (T.G.H. 1931), to Mr. Gilbert.

Married: On June 29, 1933, at Barrie, Miss Dorothy Otton (T.G.H. 1923), to Dr. Francis, of New York.

Married: On June 17, 1933, at Toronto, Miss Helen Russell (T.G.H. 1930), to Mr. D. Parker, of Kapuskasing.

Toronto: The graduating exercises of the Grant Macdonald Training School for Nurses were held in the Parkdale United Church, on June 6, when a class of ten received their diplomas, pins and prizes. Following the exercises a reception and dance was held in the Nurses' Residence.

District 6.

Belleville: Chapter 4 of District 6, R.N.-A.O. held their annual meeting on June 9 in

the Nurses' Residence of the Belleville General Hospital. After the completion of business, Dr. Guthridge gave a very interesting talk on the care of patients' teeth. Luncheon was served by Miss Jewel Thompson and Miss Helen Fitzgerald. The Alumnae Association of the Belleville General Hospital extended an invitation to Chapter 4 to join them on a picnic in the near future. Chapter 4 is to be congratulated on being up-to-date with its Nurse Education Fund. The officers elected were: President, Miss Florence Fitzgerald; Vice-President, Miss Bessie Allan; Secretary-Treasurer, Miss Jewel Thompson; *Nurse Education Fund*, Miss Ruby Windsor; *Membership*, Miss Bess Dolan; *Nurse Education*, Miss Florence McIndoo; *Public Health*, Miss Findlay; *Private Duty*, Miss DeLong; Corresponding Secretary to *The Canadian Nurse*, Miss Marion MacFarlane.

MARRIED: At Hampton, Ontario, on April 11, 1933, Miss Blanche Cryderman (B.G.H. 1931), Night Supervisor, B.G.H., to Mr. Ernest Bush, of Frankford.

DISTRICT 7.

KINGSTON: The quarterly meeting of District 7 of the Registered Nurses Association of Ontario, was held at the Hotel Dieu Hospital, Kingston, on June 28, with Miss Louise Acton of the Kingston General Hospital presiding. The minutes of the last meeting and the financial report were given by Miss O. Wilson, and Miss B. Howes gave a report of the Provincial R.N.A.O. convention. The speaker for the afternoon was Miss Johns, editor of *The Canadian Nurse*, Montreal. Miss Johns stressed the importance of every nurse subscribing for the national magazine and asked for the district's co-operation. Following the meeting the members adjourned to the reception room of the nurses' home where the Mother Superior and the Alumnae Association of the Hotel Dieu Hospital served refreshments.

KINGSTON: On June 21, the Alumnae Association of the Kingston General Hospital motored to St. Lawrence Beach, Gananoque, where a picnic was held. About sixty members were present and spent a most enjoyable afternoon.

KINGSTON GENERAL HOSPITAL: Miss Florence Latimer (K.G.H. 1930), and Miss Marjorie Delong (K.G.H. 1931), have recently joined the staff of the Ontario Government Hospital, Kingston. Miss Hattie Cameron (K.G.H, 1928), is taking a post-graduate course in X-Ray and radiology at the Kingston General Hospital. Miss Marion McTear (K.G.H. 1930), has resigned from the staff of the Kingston General Hospital, and after spending the summer at Cedar Nook Camp, Bath, as camp nurse, intends taking a public health course in Toronto. Miss Louise Acton, instructor of nurses, Kingston General Hospital, spent two weeks in Toronto where she assisted in marking the Ontario Registered Nurses examination papers. Miss Jane Dodds (K.G.H. 1931), recently joined the nursing staff of the Kingston General Hospital. Miss Manette Bimm (K.G.H. 1929), of the Department of Education of Ontario, is attending Summer School at Queen's University. Miss Betty Wurtele (K.G.H. 1930), is relieving Miss Norma Stuart (K.G.H. 1930), as nurse in charge of the Kingston Infants' Home, while the latter is holidaying at her home at Eganville.

MARRIED: On June 3, 1933, at Kingston, at the home of the bride, Miss Ruth Nash (K.G.H. 1926), to Mr. H. Moore, of Toronto.

KINGSTON: On July 4, the Overseas Nurses Club of the Kingston district held a very enjoyable picnic at the summer home of Nursing Sister Marguerite Patterson on Varty Lake near Moscow. Swimming (*no mixed bathing—Le Treport Nursing Sisters please note*), fishing, a motor boat ride, supper under the trees and a perfect moonlight night for the homeward drive made the event a very happy one.

BROCKVILLE: Miss Hamilton. Brockville General Hospital, sailed in June to spend some time in Ireland. Miss Dickson, graduate of the Royal Victoria Hospital, Montreal, has been appointed instructor of nurses in the Brockville General Hospital.

PRINCE EDWARD ISLAND

PRINCE EDWARD ISLAND: The annual meeting and dinner of the Graduate Nurses Association of Prince Edward Island were held on June 14 at the Canadian National Hotel, with a large attendance. Miss Lillian Pidgeon, the president, presided. Satisfactory reports were received from the president and the secretary and were, on motion, adopted. The following officers were elected for the coming year: President, Miss Lillian Pidgeon, Summerside; Vice-President, Miss May King, Charlottetown; Secretary, Miss Margaret Campbell, Charlottetown; Treasurer and Registrar, Miss Edna Green, Charlottetown. Miss Gamble was elected convener of the private duty section. In the evening a dinner was held and was greatly enjoyed. Miss Agnes Baird of the Department of Child Welfare, Ottawa, addressed the nurses, dealing chiefly with child welfare work. A brief musical programme was much appreciated. A vocal solo was rendered by Miss Nora Murray, a piano solo by Miss Gaudet, and a vocal solo by Mrs. Neil MacLean.

QUEBEC

MONTREAL: The board of management of the A.R.N.P.Q. offered as usual two scholarships for post-graduate courses at McGill University, and Université de Montréal, but when the time came to assign them, there were so many desirable candidates that it was decided to award four scholarships as follows: Miss Evelyn M. Pibus, R.N., graduate of the Montreal General Hospital, who will take the course in public health nursing at the McGill School for Graduate Nurses; Miss Margaret Jean MacLaren, R.N., graduate of the Royal Victoria Hospital, who will take the course in teaching in schools of

nursing at the McGill School for Graduate Nurses; Mademoiselle Anita Lavoie, G.M.E., graduate of the Hôpital St. Francois d'Assise, Quebec City; Mademoiselle Ernestine Séguin. G.M.E., graduate of Hôpital Notre Dame, Montreal. The two French nurses will take the public health course at L'Ecole d'Hygiene Sociale appliquée at L'Université de Montréal. During the recent registration examinations 139 candidates, graduates of 21 schools wrote, but only 94 were successful. The pass mark in Quebec is 60% on all subjects. Candidates are permitted to write supplementary examinations in three subjects but must re-write the entire twelve if they fail in more than three.

Fifty-six members of the A.R.N.P.Q. have registered for the I.C.N. Congress, of these thirty are French and twenty-six are English speaking members. Four of the French group are religious Sisters, three of whom represent the School of Jeanne Mance, Hôtel-Dieu de St. Joseph, Montreal, and will visit Europe for the first time. Mrs. Howard Dixon, the wife of Dr. H. Dixon, of Medicine Hat (Beatrice Armitage, M.G.H. 1913), is also en route to the I.C.N. Congress, and is taking with her her charming daughter. Mrs. Helen Chalmers Sare (Helen Chalmers, M.G.H. 1905), is also going to the Congress, and has with her a young son and daughter whom she is escorting overseas for the first time. Their father was killed during the great war.

MONTREAL GENERAL HOSPITAL: The graduating exercises of the School for Nurses was held on the afternoon of June 14 in the residence. Fifty-two nurses received their medals and diplomas. The address to the graduating class was given by Dr. F. H. MacKay. Prizes presented by the Board of Management for general proficiency were awarded to Miss A H. R. Lamb, Miss V. O. Scott and Miss H. H. King. The Mildred Hope Forbes prize for the highest aggregate marks during the entire three years was won by Miss A. H. R. Lamb and Miss H. W. Bradshaw. Miss Upton, president of the Alumnae Association, gave a brief address, and on behalf of the association, presented to the class pink and white roses and a substantial cheque as a contribution toward the graduation dance. This presentation was made in place of giving the usual formal dinner party.

Miss M. Batson, Miss J. A. Murphy, Miss C. Barrett and Miss B. Herman, were guests of Miss Holt and her staff at an informal dinner party a few days before their departure for the I.C.N. Congress. Other M.G.H. nurses attending the Congress are Mrs. Helen Chalmers Sare, Misses Martha Armstrong, M. Lewis Brown, Mildred L. Buchanan, Winnifred Cooke, Helen N. Stewart, Ruth C. Philips and Dorothy Holtby.

Miss L. Shepherd, nurse in charge of the pediatric ward at the M.G.H. left on July 1, to take two months' post-graduate work in the Children's Hospital, Boston. Miss Marion Copland (M.G.H. 1932), left on July 1 to take several months' post-graduate work in the Sick Children's Hospital in Toronto.

MONTREAL: At a colorful ceremony held on June 17, the foundation stone of a new addition to St. Mary's Hospital, Montreal, which is to accomodate two hundred patients, was declared to be well and truly laid by the Governor-General of Canada. His Excelency, Monseigneur Gauthier, Archbishop of Montreal, pronounced the benediction and, in a brief address, spoke highly of the work of the Order of the Grey Nuns, under whose auspices the hospital is conducted.

MONTREAL: As a tribute to Miss Edith A. Draper, the first superinterdent of Nurses of the Royal Victoria Hospital, it is proposed to present her portrait to the School of Nursing. Miss Draper rendered most valuable service to the hospital during that difficult period of organization which necessarily precedes the opening of any new institution. Her portrait will be hung in the Residence of the School of Nursing as a token of the loyalty and affection of the nurses who, from 1896 to 1897, were trained under her direction. Mrs. George Eedson Burns, 4191 Sherbrooke St., West (Telephone Fitzroy 1698), will be glad to hear from graduates of the School who are interested in this project.

OBITUARY

BUNTON—Recently at Percé, Gaspé, Emily Lenfesty, beloved wife of Mr. T. Bunton and a member of the Class of 1915 of the School of Nursing of Jeffrey Hale's Hospital, Quebec.

PASS—On June 8, 1933, at the Guelph General Hospital, after a long illness, Helen Pass, a member of the Class of 1931 of the School of Nursing of the Guelph General Hospital, Guelph, Ontario.

WETMORE—On May 25, 1933, after a long illness, Mary E. Wetmore, a member of the Class of 1917 of the School of Nursing of the Saint John General Hospital, Saint John, New Brunswick.

. . . OFF . . . DUTY . . .

We are oppressed . . . by the thought . . . that not enough people will read . . . the August issue of the Journal . . . which is a pity . . . because it is a good one . . . but the weather being what it is . . . and the sound of the lake water splashing on stones . . . not being conducive to intellectual activity . . . on the part of potential readers . . . there seems very little chance . . . of anything constructive . . . being done about it . . . nevertheless it occurs to us . . . to humbly suggest . . . that this issue be tucked safely away . . . for perusal when . . . the robins nest again . . . no, we have the seasons mixed . . . we mean when the geese fly south . . . and classes are in full swing . . . of course we are taking for granted . . . that someone is reading this . . . a naive assumption . . . on our part . . . based on a conversation we overheard . . . at a district meeting . . . between two young things . . . with white hats . . . very much on one side . . . as is the present amusing fashion . . . they were looking at sample copies . . . of the Journal . . . said one to the other . . . Jean, do you ever read this thing? . . . well, said Jean, I sometimes skim over Off Duty . . . so from now on . . . all our earnest thinking . . . is going to be done . . . under this caption . . . in the pious hope . . . that some of it may get under . . . the lee side . . . of those white hats . . . beneath which some active cerebration . . . is going on . . . of which fact . . . this same August number . . . gives ample proof . . . it might be well . . . for some of our mature minds . . . to find out what . . . this younger generation . . . is thinking about . . . anyway the August number . . . gives one an inkling . . . that it may be something . . . rather worthwhile . . . so do not put the Journal . . . to base uses . . . such as swatting flies . . . or wrapping up sandwiches . . . or playing with the dog . . . drop it behind . . . the hammock . . . and take it back to town . . . in the catch-all . . . with the bathing shoes . . . and the landing net . . . in any event . . . do not write and tell us . . . you have missed . . . the August number . . . and please will we send you . . . another copy . . . we won't . . . because we can't . . . we are practising rigid economy . . . and have none to spare . . . except for new subscribers . . . so there . . . why should we . . . sit in a hot office . . . at an untidy desk . . . and try to enlighten . . . people who are lolling about on beaches . . . or expect to loll about . . . a week from Saturday . . . we feel like this . . . because we saw . . . not long ago . . . just for a moment . . . some waves curling over . . . and breaking . . . on the stern and rockbound coast . . . of Nova Scotia . . . that was in a lucid interval . . . between lecture periods . . . it only lasted a moment . . . but it accounts . . . for the way we feel . . . about people who loll about . . . on beaches . . . and fail to keep . . . their August number . . . and then ask us . . . to supply another one . . . next October . . .

Official Directory

International Council of Nurses:
Secretary, Miss Christiane Reimann, 14 Quai des Eaux-Vives, Geneva, Switzerland.

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Prince Edward Island: (1) Miss Lillian Pidgeon, Prince Co. Hospital, Summerside; (2) Miss F. Lavers, Prince Co. Hospital, Summerside; (3) Miss I. Gillan, 59 Grafton St., Charlottetown; (4) Miss M. Gamble, 51 Ambrose St., Charlottetown,

Quebec: (1) Miss C. V. Barrett, Royal Victoria Hospital, Montreal; (2) Miss Martha Batson, Montreal General Hospital, Montreal; (3) Miss Marion Nash, 1246 Bishop Street, Montreal; (4) Miss Sara Matheson, Apt. 24, 2151 Lincoln Ave., Montreal.

Saskatchewan: (1) Miss Elizabeth Smith, Normal School, Moose Jaw; (2) Miss G. M. Watson, City Hospital, Saskatoon; (3) Mrs. E. M. Feeny, Dept. of Public Health, Parliament Bldgs, Regina; (4) Miss M. R. Chisholm, 805 7th Ave. N., Saskatoon.

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NURSING EDUCATION: Miss G. M. Fairley, Vancouver General Hospital, Vancouver; PUBLIC HEALTH: Miss M. Moag, 1246 Bishop St., Montreal; PRIVATE DUTY: Miss Isabel MacIntosh, 281 Park St. S., Hamilton.

Executive Secretary: Miss Jean S. Wilson, National Office, 1411 Crescent St., Montreal, P.Q.

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ONTARIO

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SASKATCHEWAN

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Associations of Graduate Nurses

ALBERTA

Calgary Association of Graduate Nurses

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BRITISH COLUMBIA

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A.A., Jubilee Hospital, Victoria

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ONTARIO

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BRANTFORD

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Meetings will be held the second Tuesday in each month at 8 p.m. in the Assembly Room, Nurses' Residence, Toronto Western Hospital.

A.A., Wellesley Hospital

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A.A., Hospital Instructors and Administrators, University of Toronto

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A.A., Department of Public Health Nursing, University of Toronto

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A.A., Connaught Training School for Nurses, Toronto Hospital, Weston

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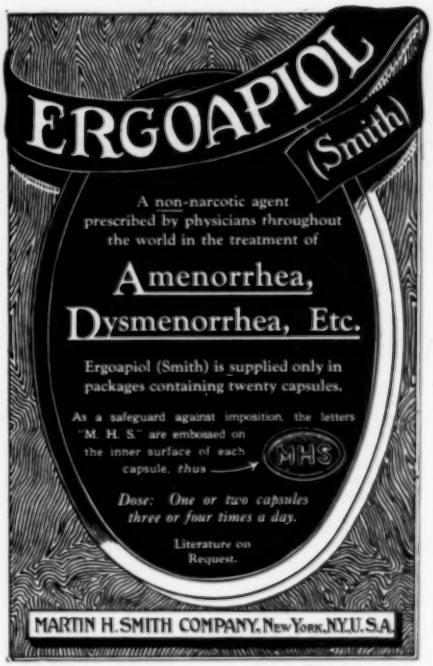
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